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123159

REC'D JAN 8 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **5002**

1. PLACE OF DEATH: **Jackson**
 (a) County **Kansas City**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3237 Euclid**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
(Specify whether)
 In this community **62 Yrs.**
years, months or days

3. (a) PRINT FULL NAME **Samuel D. Baird**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **170**

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Evelyn Baird** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Jan. 11 1851**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	11	19	hr. min.

9. Birthplace **Eagle Wis.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hardware Business**

11. Industry or business **Hardware Business**

12. Name **James Baird**

13. Birthplace **Wis.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lockett**

15. Birthplace **Wis.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Walter Maloy**

(b) Address **3237 Euclid K.C.Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 31-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Eylar Funeral Home**
1800 Linwood K.C.Mo.
(b) Address **12-31-40**
(c) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3237 Euclid**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **years.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30** year **1940** hour **9** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Dec 23, 1940** to **Dec 30, 1940** that I last saw him alive on **Dec 23rd** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regeneration**

Due to **Arterio-sclerosis**

Due to **Debility of Old Age**

Other conditions **A.I.O**
(Include pregnancy within 3 months of death)

Major findings: Of operations **NO**

Of autopsy **NO**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at **Work** (a) Name of physician **Madore Anderson** (b) Means of injury _____

23. Signature **Madore Anderson** (M. D. or other) **M.D.**
Address **723 W 45th St** Date signed _____

Duration **1 week 2**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

806477-783 W-45th

923 W-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Chas Wilks

Licensed Embalmer No. 2684

P. O. Address 1500 Pinewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.