No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6094

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County Adair Grim-Smith Hospital & Clinic
(b) City or town Kirksville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Grim-Smith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 da (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 1
(c) City or town Memphis 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 1 years.

3. (a) PRINT FULL NAME Stella R Baird
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. W. Baird
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct (Month) 14 (Day) 1878 (Year)

8. AGE: Years 72 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Schuyler (City, town, or county) O Co Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business George Rife
FATHER
12. Name
13. Birthplace (City, town, or county) 1 Ohio (State or foreign country)
MOTHER
14. Maiden name Charlotte Brown
15. Birthplace Scotland (City, town, or county) Co Omo (State or foreign country)
16. (a) Informant J W Baird
(b) Address Memphis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Coffee
18. (a) Signature of funeral director Bertha Basket 3
(b) Address Memphis Mo
19. (a) Mar. 6/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day Feb year 1941 hour 8 minute 55 P M.
21. I hereby certify that I attended the deceased from Feb 17, 1941, to Feb 23, 1941; that I last saw her alive on Feb 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung — Duration DK
Due to
Due to 47d
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (e) Means of injury
23. Signature A B Craig (M. D. or other) 0
Address Kirksville Mo Date signed 2-23-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-639
Date Filed MAR 19 1941

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 Fred Leath Jr

Licensed Embalmer No. 4121

P. O. Address Memphis Mo

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

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