DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17943

Registration District No. 14 — Primary Registration District No. 4211 — Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
609 East Benton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 9 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry

(c) City or town: Windsor
(If outside city or town limits, write "RURAL")

(d) Street No.: 609 East Benton St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mrs. Dolly May 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: Widowed

6. (b) Name of husband or wife: Robert Baird

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: August (Month) 26 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	8	5	..... hr. ..... min.

9. Birthplace: Windsor (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

MOTHER

12. Name: Tom Williams

13. Birthplace: California, Missouri (City, town, or county) (State or foreign country)

FATHER

14. Maiden name: Laura Busker

15. Birthplace: Tipton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Tom Williams

(b) Address: Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Huston-Turner

(b) Address: Windsor, Mo.

19. (a) 5-3-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1941 hour 12:00 a m minute ..... M.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 1, 1941, that I last saw her alive on May 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	7 Months
Due to	
Due to	
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: [signature] (M. D. or other)
Address: Windsor, Mo. Date signed 5-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 6-41-1053
Date Filed 6-23-41

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..... Edward M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, Me

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.

No. 2B
4-25-41
X27852

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

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STANDARD CERTIFICATE OF DEATH

State File No. 17943

Registration District No. 14 Primary Registration District No. 4211 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Dolly May Beird
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced wed

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 35 | Months 8 | Days 5 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1941 hour 1 minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocardial failure

Due to Mitral Stenosis

Due to

Other conditions (Include pregnancy within 3 months of death) 42 B

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 Geo. L. Wendel (M. D. or D. O.)
Address Windsor, Mo Date signed 9/23/41

S-17943