

FILED NOV 14 1941

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Grundy**
(b) City or town **Montana, Mo.**
(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) / (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Grundy**
(c) City or town **Montana Mo. Route 1040**
(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 **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **1**
year **1941** hour **7** minute **45** M.

I hereby certify that I attended the deceased from
May 1 19**41** to **Oct 1** 19**41**
that I last saw her alive on **Oct 1** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to _____
Duration **mo**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **301**
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. J. Adams** (M. D. or other) _____
Address **Montana Mo** Date signed **10/4/41**

3. (a) PRINT FULL NAME **Rachel Magdalene Baird**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **wid**

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

7. Birth date of deceased **July 23, 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **2** Days **8** If less than one day hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **retired**

11. Industry or business _____

12. Name **Silas T. Haley**

13. Birthplace **Mo** (City, town, or county) (State or foreign country) **1**

14. Maiden name **Susan Kent**

15. Birthplace **Penn** (City, town, or county) (State or foreign country) **1**

16. (a) Informant **Jedie Baird**

(b) Address **Montana Mo. Rt. 1**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 4, 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Grove Care.**

18. (a) Signature of funeral director **Richard J. ...**

(b) Address **Montana Mo.**

19. (a) **10-4-41** (Date received local registrar) (b) **J. J. Adams** (Registrar's signature)

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

040
2

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.....

Charles D. Jones
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Charles D. Jones
.....
Licensed Embalmer No. *2109*
.....
P. O. Address.....
Frontenac mo

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

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