

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10648

State File No.

Registration District No. 238

Primary Registration District No. 4145

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Nellie May Baird

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Claud Baird 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Mar. 18, 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 86 If less than one day X hr. X min.

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

10. Usual occupation housewife

11. Industry or business XX

12. Name D. F. Kitsmiller
13. Birthplace Jerico Springs, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Felty
15. Birthplace XX Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant D. F. Kitsmiller
(b) Address Jerico Spgs., Mo.

17. (a) Burial (b) Date thereof 3-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Omer Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.

19. (a) 2/30/42 (b) Bureau of Census
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade
(c) City or town Lockwood
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? XX (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1942 hour XX minute XX M.

21. I hereby certify that I attended the deceased from Feb 1, 1942 to March 24, 1942
that I last saw him alive on March 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus

Due to XX
Due to XX

Other conditions XX
(Include pregnancy within 3 months of death)

Major findings: 486
Of operations XX
Of autopsy XX

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

(a) Accident, suicide, or homicide (specify) XX
(b) Date of occurrence XX
(c) Where did injury occur? XX
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX

While at work? XX (Specify type of place)
(e) Means of injury XX
23. Signature James A. Wren (M. D. or other)
Address Lockwood, Mo. Date signed XX

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

RECEIVED

District Health Officer No. 6,

District File Number 442-477

Date Filed APR 10 1942

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton 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.