

FILED APR 10 1942 839

Registration District No. _____

Primary Registration District No. 6101

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Essex, R. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richland Hosp
(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 Missouri, (b) County Stoddard 103
(c) City or town Essex, Mo. R. 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Larry Lew Laird,

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

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

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

7. Birth date of deceased Oct. 6, 1941
(Month) (Day) (Year)

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

9. Birthplace Essex, Mo. R. 2
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Clyde Laird
13. Birthplace Richwood, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Martha Rice
15. Birthplace North Loudsburg, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Laird
(b) Address Essex, Mo. R. 2

17. (a) Burial (b) Date thereof March, 12, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Valley

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 4-1-42 (b) Mora Dione
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-7-1942 to 5/10 1942

that I last saw him alive on 3-9- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Industrial Injuries Duration 4 days

Due to _____

Due to _____

Other conditions 336
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) no

(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 S. S. Davis (M. D. or other)

Address Dexter, Mo Date signed 3/10/42

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

103
0
0

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

B. J. Brentlinger

Licensed Embalmer No.

42101

P. O. Address

Neyter, 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, above space should be left blank.