V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13415

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1823

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No.1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 19 days (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2834 Forest Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Gertrude Sarah Laird

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Ridgley Laird

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March (Month) 8 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 29 ~~50~~ If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business -----

FATHER
12. Name Michael Atchinson
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Mc Kenna
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mr. Ridgley Laird
(b) Address 2834 Forest Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary Cemetery, K.C.K

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-8-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1942 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3-18-42, 19..., to 5-7-42, 19..., that I last saw her alive on 5-7-42, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Adenocarcinoma of stomach with metastases to liver	
Due to 46	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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 D

23. Signature Jerry R. Thorn (M. D. or other)
Address Med. Dir. K.C.Gen.Hospital Date signed

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(Licensed Embalmer's Statement on Reverse Side)

JUN 6 1946

JUN 6 1946

JUL 29 1947

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.