

FILED MAY 20 1942 3

Registration District No. 723

Primary Registration District No. 5578

Registrar's No. 13

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town Blue Turn

(c) Name of hospital or institution:
HOME BARNHART Mo 1
(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

3. (a) PRINT FULL NAME GLADYS E. BAIRD

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

4. Sex F. 1. Color or race W.

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

6. (b) Name of husband or wife MILLARD BAIRD. 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased OCT. 24 1911
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>30</u> | <u>5</u> | <u>23</u> | hr. min. |

9. Birthplace JEFFERSON Co. Mo U
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name GEORGE HEARST

18. Birthplace JEFFERSON CO Mo U
(City, town, or county) (State or foreign country)

14. Maiden name MARY WILLIAMS

15. Birthplace JEFFERSON CO Mo U
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MARY DILL

(b) Address BARNHART, Mo.

17. (a) BURIAL (b) Date thereof APR 19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CEM. ANTONIA Mo

18. (a) Signature of funeral director HELENE TAG FUN. HOME

(b) Address KIMMSWICK - Mo

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

(c) City or town BARNHART Mo 1
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1942 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb 3, 1942, to April 17, 1942
that I last saw her alive on April 17th, 1942
and that death occurred on the date and hour stated above.

| | |
|---|---|
| Immediate cause of death | Duration |
| <u>Hemorrhage Vagina</u> | <u>30 min</u> |
| Due to <u>Carcinoma of Cervix of uterus</u> | <u>14 yrs plus</u> |
| Due to <u>480</u> | |
| Other conditions <u>Carcinoma involving Bladder and Pelvic organs</u> (Include pregnancy within 3 months of death) | |
| Major findings: <u>Carcinoma of cervix</u> | PHYSICIAN _____ |
| Of operations _____ | Underline the cause to which death should be charged statistically. |
| Of autopsy <u>NO NE</u> | |

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 D

23. Signature Othmar J. Sun (M. D. or other) _____
Address Barnhart Mo Date signed 4/18/42

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

50
6

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

Daniel G. Mahan Jr., Registered Apprentice No. 297
working under my personal supervision.

Signed

Arthur W. Hurlington

Licensed Embalmer No. 3872

P.O. Address

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.