S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39813

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4703

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: 4137 Bell 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4137 Bell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Edwin Laird

3. (b) If veteran, name war None

3. (c) Social Security No. 509-12-4550

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Adeal Teressa Laird

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May (Month) 27 (Day) 1863 (Year)

8. AGE: Years 79 Months 6 Days 18 If less than one day hr. min.

9. Birthplace East Lynne (City, town, or county) Mass. 1 (State or foreign country)

10. Usual occupation Blacksmith Carriage Worker

11. Industry or business Self

FATHER
12. Name Albert A. Laird 4
13. Birthplace No Record (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Helen ? 4
15. Birthplace No Record (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Mrs. Adeal Teressa Laird
(b) Address 4137 Bell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) 12-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1937, to Dec 15, 1942
that I last saw him alive on Dec 14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio sclerotic heart disease	1 yr
~~Due to~~ Hypertension	10 yrs
Due to General Arterio sclerosis	10 yrs

Other conditions (Include pregnancy within 3 months of death) 93 B

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P. J. O'Connell (M. D. or other) MD
Address 207 Uptown Bldg. Date signed 12/16-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. O'Connell 2 to 5

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 Jimmy L. Huckshon

Licensed Embalmer No. 4092

P. O. Address K. C. Kansas

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.