

No. 2  
-5-42  
5-17-39  
X3

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2402

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(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 St. Francois  
(c) City or town Iron Mountain  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Micial Lowell Laird

3. (b) If veteran, name war. no 3. (c) Social Security No. none

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. December 22 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 27 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.....

12. Name William Laird  
13. Birthplace Elvins Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna McIntyre  
15. Birthplace Iron Mountain Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Laird  
(b) Address Iron Mountain Mo.  
17. (a) burial (b) Date thereof 1-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Iron Mountain Mo.

18. (a) Signature of funeral director Norman White & Sons  
(b) Address White Ironton Mo.  
19. (a) 1-23-43 (b) Burgess R. Miller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY 1943 day  
year 1943 hour 6:02 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 13<sup>th</sup> 1943 to Jan. 19<sup>th</sup> 1943  
that I last saw him alive on Jan. 18<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Bilateral Pneumonia 6  
Influenza 1/10/43  
Due to..... 1/1/43

Other conditions Persistent Rhynus  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
108

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 R. E. Harland (M. D. or other) m. 20  
Address Ironton, Mo. Date signed 1/23/43

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

MOTHER FATHER

1283

RECEIVED

District Health Officer No. 4

District File Number 243-1710

Date Filed 2-8-43

**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.....

*was not embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Russell J. White*

..... Licensed Embalmer No. 3012

P. O. Address.....

*Dorchester Mass*

**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.**