

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS

FILED APR 8 1943

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 8

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
E. STATE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 4 1/2 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN
(c) City or town VANDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. E. STATE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... A

3. (a) PRINT FULL NAME JOSEPH LAIRD

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife EDITH LAIRD 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JANUARY 13 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 10 If less than one day hr. min.

9. Birthplace SEATON ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN LAIRD

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name MARGARETE VENABLE

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Laird

(b) Address Vandalia, Mo.

17. (a) BURIAL (b) Date thereof MARCH 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director W. J. Willis

(b) Address Vandalia Mo

19. (a) March 24 1943 (b) W. J. Willis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day of March
year 1943 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 4
1940 to March 23 1943
that I last saw him alive on March 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

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

Major findings: Of operations.....

Of autopsy.....

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) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature W. H. Blair (M. D. or other)
Address Vandalia Mo Date signed 3/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 14 1954

RECEIVED

District Health Officer No. 10

District File Number 4-43-636

Date Filed APR 7 1943

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 W. J. Peters

Licensed Embalmer No. 4298

P. O. Address Waukegan, Ill

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.