

FILED AUG 26 1943

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether)
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteau
(c) City or town California
(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

Laura May Baird

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dr. J. A. Baird
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 6 1917
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Hamilton Ohio
(City or county) (State or foreign country)

10. Usual occupation Teacher & Housewife

11. Industry or business _____

12. Name Joseph Reeder Fortney

13. Birthplace Hamilton Ohio
(City or county) (State or foreign country)

14. Maiden name Addie Clark

15. Birthplace Hamilton Ohio
(City or county) (State or foreign country)

16. (a) Informant California mo

(b) Address Burlington

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Mar 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati Ohio

18. (a) Signature of funeral director William Fred Meyer

(b) Address California mo

19. (a) 8-25-43 (b) W. G. Allee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1943 hour 6 minute PM

21. I hereby certify that I attended the deceased from March 3, 1943, to March 22, 1943
that I last saw her alive on March 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Stenosis of Aorta

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) (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 _____

23. Signature Weyman Latham (M. D. or other) _____

Address California Mo Date signed 8-25-43

Duration 24 hours
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1312

AUG 26 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..... *H. E. Friedmeyer*.....
Licensed Embalmer No..... *2854*.....
P. O. Address..... *California 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.