

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7945

State File No.

Registrar's No.

FILED MAR 8 1944 74

Primary Registration District No. 3252

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 years (Specify whether years, months or days)
In this community 54 years

3. (a) PRINT FULL NAME Susan Ann Baird

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank P. Baird 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 23 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation home

11. Industry or business home
12. Name William G. W. Dunn
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Day
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lex Corley
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 2/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 2-14-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 410 S. Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 12
year 1944 hour 11.45 minute AT M.

21. I hereby certify that I attended the deceased from Dec. 27 to Feb. 12 1944
that I last saw him alive on February 12 1944
and that death occurred on above date and hour stated above.

Immediate cause of death arteriosclerosis, left leg 4 days
Due to fracture right femur
intertrochanteric, Feb. 17/27/43
Due to arteriosclerosis

Other conditions no 1860
(Include pregnancy within 3 months of death)

Major findings: No operations
Of operations _____
Of autopsy No 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) fall to floor
(b) Date of occurrence Feb 17/27/43

(c) Where did injury occur? her home 132
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? _____ (Specify type of place)
(a) Means of injury fall to floor

23. Signature E. B. Frader (M. D. or other)
Address Sedalia, Mo. Date signed 2/17/44

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

RECEIVED
District Health Officer No. 8,
District File Number

3-7-44

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.....

Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.