No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1944

Registration District No. 164

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38099

Primary Registration District No. 3032

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
113 W. North St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 47 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")

(d) Street No. 113 W. North St. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Bowman Baird

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lulu Baird

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July (Month) 12 (Day) 1871 (Year)

8. AGE: Years 73 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Houston (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Mounimsnt Dealer

11. Industry or business

FATHER
12. Name Lewis Baird
13. Birthplace Jelico (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Hannah Broyals
15. Birthplace Jelico (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Mrs J. B. Baird
(b) Address 113 W. North St.

17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.

19. (a) Nov 15 1944 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from ✓
The passed 2 yrs 19 , to Nov 14 , 1944
that I last saw him alive on Nov 10 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Sick 2 hours

Due to Arterio-Sclerosis

Due to 3 months ago had operation for cancer of Rectum

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of Rectum

Of autopsy no

Duration

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 L. J. Schofield 0 (M. D. or other)
Address Warrensburg Mo Date signed Nov. 14-44

(Licensed Embalmer's Statement on Reverse Side)

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.