S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42224

State File No.

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 51

1. PLACE OF DEATH:
(a) County SCOTLAND
(b) City or town MEMPHIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotland 99
(c) City or town Memphis 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERTIE FRANCES BAIRD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLIE M. BAIRD
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased JULY (Month) 26 (Day) 1875 (Year)

8. AGE: Years 69 Months 4 Days 1 If less than one day hr. min.

9. Birthplace CLARK COUNTY (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name BENJAMIN BAIRD
13. Birthplace (City, town, or county) OHIO 1 (State or foreign country)
MOTHER
14. Maiden name MARY THORNING
15. Birthplace MEMPHIS (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant Nellie Baird
(b) Address Memphis, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sawyerridge Cemetery
18. (a) Signature of funeral director A. W. Payne & Sons
(b) Address Memphis Mo
19. (a) 12-18-1944 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1944 hour 3 oc minute P. M.
21. I hereby certify that I attended the deceased from Jan 18, 1940, to Nov 27, 1944 that I last saw him alive on Nov - 27 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Chronic Parenchymatous
Due to Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 131 b
Of autopsy

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 2
23. Signature A. M. Keethler (M. D. or other)
Address Memphis, Mo Date signed 12-1-44

1043

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-45-155
Date Filed JAN 12 1945

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis Me

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.