

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17771
Registrar's No. 115

FILED JUN 7 1945
Registration District No. 2-11

Primary Registration District No. 3052

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:
506 S Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Pearl M. 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 11 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 19 _____ hr. _____ min.

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

10. Usual occupation Insurance business

11. Industry or business _____

MOTHER FATHER { 12. Name Franklin P Baird
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Sue Ann Dunn
15. Birthplace Randolph County, Missouri
(City, town, or county) (State or foreign country)

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

17. (a) burial (b) Date thereof May 1, '45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cem

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Mo

19. (a) 5-5-45 (b) Jos 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. 506 S Quincy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1945 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from June 18
1944 to April 30 1945;
that I last saw her alive on April 30 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Hypostatic Phemonia 3 days
Due to Paresis 2 yrs
Due to Syphilis 20 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 308
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 W. H. L. Holahan (M. D. or other) D.O.
Address 329 Elgin Drive Bldg Date signed 5-5-45

(Licensed Embalmer's Statement on Reverse Side) Sedalia, Mo.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/6/95

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.P.M. Leary

Licensed Embalmer No. 3153

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.