

FILED 007181945

Primary Registration District No. 3012

Registrar's No. 118

1. PLACE OF DEATH: Clay

(a) County: Clay

(b) City or town: Excelsior Springs Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Hours  
(Specify whether years, months or days)

In this community: 43 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay 24

(c) City or town: Excelsior Springs  
(If outside city or town limits, write "RURAL")

(d) Street: 334 E. Excelsior  
(If rural, give location)

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

If yes, name country: #####

3. (a) PRINT FULL NAME: MAME M. BAIRD

3. (b) If veteran, name war: ###

3. (c) Social Security No.: ## #

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 26th  
year: 1945 hour: 8 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Sept 25<sup>th</sup> 1945 to Sept 26<sup>th</sup> 1945  
that I last saw her alive on Sept 26<sup>th</sup> 1945 and that death occurred on the date and hour stated above.

4. Sex: Female / 5. Color or race: White

6. (a) Single, widowed, married, divorced: Single (✓)

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

7. Birth date of deceased: About 1864  
(Month) (Day) (Year)

Immediate cause of death: Apoplexy

Due to: Arterio sclerosis

Due to: Senility

Other conditions (include pregnancy within 3 months of death):

8. AGE: Years: 81 Months: # Days: # If less than one day: hr. min.

9. Birthplace: Blairsville Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation: Home

Major findings: Of operations: [Signature]

Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business:

MOTHER FATHER { 12. Name: George Baird

13. Birthplace: ##### Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Bell

15. Birthplace: ##### Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant: George E. Baird  
(b) Address: Kansas City Missouri

17. (a) Cremation (b) Date thereof: 9-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery Kansas City MO

18. (a) Signature of funeral director: Herbert Hope  
(b) Address: Excelsior Springs Missouri

19. (a) 9/28/45 (b) Caroline Hutchings  
(Date received local registrar) (Registrar's signature)

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: [Signature] (Specify type of place) Means of injury: [Signature]

23. Signature: [Signature] (M. D. or other) [Signature]  
Address: Excelsior Springs, Mo. Date signed: 9/28/45

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

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/

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....10-17-65

**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 *James A. Moles*.....

Licensed Embalmer No. 3296.....

P. O. Address Excelsior Springs 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.**