

S. No. 2
M-2-43
7-5-17-39
VI X35627

FILED JAN 21 1946

State File No.

Registrar's No. 5512

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution General Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 40 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 817 E 13th
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

MRS LORRAINE LAIRD

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Fred Laird

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 9 06 03
(Month) (Day) (Year)

8. AGE: 42 Years 3 Months 24 Days If less than one day hr. min.

9. Birthplace Cameron Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

12. Name Walter Byers

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Norton

15. Birthplace Salay County Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Ellen Thompson
(b) Address 4824 Park

17. (a) Burial (b) Date thereof 1/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenway Cem.

18. (a) Signature of funeral director Schubert
(b) Address City

19. (a) 1-31-45 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 1945 hour 9:25 minute a M.

21. I hereby certify that I attended the deceased from Prison 19... to 19...
that I last saw h... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral bronchopneumonia

Due to Cause of Bronchopneumonia (m.m.o.)

Due to...
Other conditions (Include pregnancy within 3 months of death)

Major findings: 107
Of operations...
Of autopsy yes-as above

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?

While at work? (Specify type of place) (e) Means of injury 3 down
23. Signature John Walker (M. D. or other)
Address 1424 N. 1st St. Date signed 12-28-45

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

100323

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.....

Roy E. Snow

Licensed Embalmer No. *2560*

P. O. Address *1100 MD*

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.