DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31050

Registration District No. 243 Primary Registration District No. 5831 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural
(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural 0
(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) 0

If yes, name country

3. (a) PRINT FULL NAME Nathaniel G. Laird

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 widowed 5

6. (b) Name of husband or wife

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

7. Birth date of deceased February 13, 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name James Alfred Laird
13. Birthplace unknown 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Jane Ennis
15. Birthplace unknown 0 (City, town, or county) (State or foreign country)

16. (a) Informant James Laird /
(b) Address Fairview, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri

19. (a) 10-15-46 (Date received local registrar) (b) Alpha Oyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14th year 1946 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1946 to Aug. 14, 1946 that I last saw him alive on Aug. 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate & bladder

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 5/6

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 0

23. Signature J. R. Edmondson (M. D. or other)

Address Stella Mo. Date signed 8/17/46

(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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
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THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 243 ✓ Primary Registration District No. 583 PL Registrar's No. 33

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Franklin
(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 _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nathaniel C. Land

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 7th (Month) 13 (Day) 1868 (Year)

8. AGE: Years 78 Months 6 Days _____ Unless less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 10-15-46 (Date received local registrar) (b) Alpha Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death _____	
Due to _____	
Due to _____	
Other conditions (Include pregnancy within 3 months of death) _____	
Major findings: Of operations _____	
Of autopsy _____	

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

31050