

FILED JAN 27 1948

4-099 5228

Registrar's No.

12

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Cass
 (b) City or town Polk Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles East of Pleasant Hill
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

William Edward Baird

3. (b) If veteran, name war

no3. (c) Social Security No. no4. Sex male 5. Color or race white6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Alice Baird6. (c) Age of husband or wife if alive 26 years7. Birth date of deceased Jan. 26 1868

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

791116

hr. min.

9. Birthplace Delavan Ill.

(City, town, or county)

(State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George Baird13. Birthplace Boonington, Ill.

(City, town, or county)

(State or foreign country)

14. Maiden name Susan McClure15. Birthplace Belfountain, Ohio.

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Susan Russell(b) Address Pleasant Hill, Mo.17. (a) Burial (b) Date thereof 1-14-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.18. (a) Signature of funeral director Allen B. ...(b) Address Pleasant Hill, Mo.19. (a) January 20, 1948 Laura J. Jones

(Date received local registrar)

(Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 1/2 miles east of Pleasant Hill
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 10: minute A.M.21. I hereby certify that I attended the deceased from March 6, 1947, to Jan. 12, 1948, that I last saw him alive on Jan. 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death

Respiratory paralysis
Due to Cerebral hemorrhage
Due to ArteriosclerosisOther conditions: !
(Include pregnancy within 3 months of death)

Major findings:

Of operations: _____
Of autopsy: 938

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 O. L. ... (M. D. or other) 90
Address Pleasant Hill, Mo. signed Jan 13, 48

OCT 19 1948

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.....

Glenn Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed.....

Allen B. ...

Licensed Embalmer No. *3785*

P. O. Address *Plumsted, N.J.*

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.