FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22516

Registration District No. 68 — Primary Registration District No. 4119 — Registrar's No. 16

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian 22
(c) City or town Ozark Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ——
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George F. Baird
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Baird
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Oct (Month) 7 (Day) 1867 (Year)

8. AGE: Years 80 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Christian Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Louis Baird
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Lay
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mary Baird
(b) Address Ozark Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Jones Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) July 1-1948 (Date received local registrar) (b) Loretta Leonard (Registrar's signature) 59

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2"
year 1948 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from Feb, 1947 to 2 Apr 1948;
that I last saw him alive on 1 Apr 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho — Duration 2 wks
Due to Virus type
Due to
Other conditions (1) Rheumatic heart disease c̄ fibrillation — yrs
(Include pregnancy within 3 months of death)
Major findings: Of operations (2) Arteriosclerosis — yrs
Of autopsy 10"

PHYSICIAN
Underline the cause of 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. D. Royer (M. D. or other) M D
Address Ozark, Mo. Date signed 7 Apr 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 748-816
Date Filed JUL 16 1945

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.