

FILED NOV 15 1948

Registration District No. 171

Primary Registration District No. 4-267

Registrar's No. 1

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community All Life
years, months or days)

3. (a) PRINT FULL NAME Sarah Elizabeth Baird
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid
 6. (b) Name of husband or wife Charles H. Baird 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 14, 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>7</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Hardy Co., Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
 12. Name John W. Reynolds
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Bomgardner
 15. Birthplace West Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. K. Baird
 (b) Address Wellington, Missouri

17. (a) Burial (b) Date thereof Oct 17 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director J. Blair Sheppard
 (b) Address Wellington, Missouri

19. (a) Oct. 21, 1948 (b) Letta Drummond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Odessa
(If outside city or town limits, write "RURAL")
 (d) Street No. 212 East Chestnut
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 15
 year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 10-12
1948 to 10-14, 1948;
 that I last saw him alive on 10-13, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Myocardial Failure (Myocarditis) Suicide
 Due to Influenza
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy gfu
 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 1

23. Signature [Signature] (M. D. or other)
 Address Odessa, Mo Date signed 10/17/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-12-48

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

J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Missa

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, above space should be left blank.