II FILED MAY 28 1	958		E DIVISION OF HE			_		011
BIRTH NO.			1ST. NO. /20	PRIMARY REG. DIST.		State 199 Regis	tile No	3-3-
1. PLACE OF DEATH a. COUNTY Gentry.	2. USUAL RESIDENCE (Where deceased lived, It that			ffey \$/5				
b. CITY (If outside corpurate III OR TOWN Mc Fall	(1			idence within limits of or incorporated town?				
d. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	hospital or in	stitution, g	ve street address or location)	•. STREET ADDRESS	(If rural,	, give location)		
3. NAME OF a. (First DECEASED (Type or Print) JOE	it)		b. (Middle)	c (Last) Baird	<u> </u>	4. DATE OF DEATH ME	(Month) ly 21	(Day) (Year) 1956
5. SEX 6. COLOR White		7. MARE WIDO Sing	HED! NEVER MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH July 23 1	891	9. AGE (In year last hirthday) 64	Months	Days F DEDER M HES.
10a. USUAL OCCUPATION (Give done during most of working life, even Restaurant	kind of work an if retired)		D OF BUSINESS OR IN- DUSTRY	Mc Fall		te or Foreign Con	آربونم	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Baird			136. mother's maiden		14. NA	ME OF HUSBAN	D'OR WIF	Ε
15. WAS DECEASED EVER IN U.	war or dates o	ORCES?	16. SOCIAL SECURITY NO. 496 05 6663	I		ATURE OR N Mc Fall		ADDRESS .
18. CAUSE OF DEATH Enter only one cause per l. DISC line for (a), (b), and (c)	ASE OR CO	NDITION NG TO DE		certification noma of the	e lun	g (righ	t)	INTERVAL BETWEEN ONSET AND DEATH
This date not strong ANTE	CEDENT CA	USES	•			; 		
	the above ca derlying cau	use (a) si se last.	ioing DUE TO (b)					
Condi	HER SIGNIF	uting to the	ONDITIONS death but not ion causing death.					:
			OPERATION			16	3x_	20. AUTOPSY7 .
21a. ACCIDENT (Bpecify) SUICIDE HOMICIDE			OFINJURY (e.g., in or about factory, street, office bidg., etc.)		TOWNSHI		YTNUC	(STATE)
21d. TIME (Month) (Day) OF INJURY	(Year) (I		TIE. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJUR	Y OCCUR?			
22. I hereby certify that I alive on May 20	attended ti	he decea	sed from May 7 hat death occurred at	1956, to Ma 12:25 A. from	the cause	, 19 56, s and on the c	that I las date state	st saw the deceased
23a. SIGNATURE			(Degree or title)				-	23c. DATE SIGNED 5-21-56
TION REMOVAL (Specify)	DATE	56	24c. NAME OF CEMETE	RY OR CREMATORY		ation (City, to Roy, Kar	wn, or cou 1925	nty) (State)
DATE REC'D BY LOCAL REG	ISTRAR'S S	IGNATUR		25. FUNERAL DIATE	26	rock	Â	Jan Dr
				Statement on Referse Si	de)			-0

deer be ma

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded	on the reverse	side of this	certificate	was emi
by me, or by Me			., Student E	mbalmer No),

working under my personal supervision..

Signature of Student Embalmer

Student.

Colffee Broke

P. O. Address

. - Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fi

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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