

Registration District No. 355 **FILED NOV 25 1941**

Primary Registration District No. 5497

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton - 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 no. (Specify whether)
In this community 32 yrs years, months or days

3. (a) PRINT FULL NAME ELIZABETH BAIRD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arch Baird - Divorced 6. (c) Age of husband or wife if alive unknown
7. Birth date of deceased March 26 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name Joseph Starover
13. Birthplace Europe (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harold Baird
(b) Address Clinton, Mo. 6744

17. (a) Burial (b) Date thereof Sept 11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director H. A. Versant
(b) Address Clinton, Mo.

19. (a) 9-11-41 (b) W. E. Baggerly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton - (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Davis Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1941 hour 7:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 8th, 1941, to Sept 8th, 1941;
that I last saw h. alive on Sept 8th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to 138
Due to
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

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
23. Signature Joseph B. O'Neil (M. D. or other) MD
Address Clinton, Mo. Date signed 9-10-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Health Officer No. 7,

Licensee No. 11-41-1287

Date Filed 11-4-41

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~~

H. J. Vauseant

Registered Apprentice No.

working under my personal supervision.

Signed

H. J. Vauseant

Licensed Embalmer No.

3779

P. O. Address

Clinton, 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, above space should be left blank.