

12
0
0

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

FILED JUN 17 1940 37

Primary Registration District No. 5516

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Springfield 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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Springfield Hwy.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 12 minute noon

21. I hereby certify that I attended the deceased from May 20, 1943 to May 21, 1943
that I last saw her alive on May 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia Duration 4 days

Due to
Due to

Other conditions: Acute Bronchitis 10 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 107
Of autopsy
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
23. Signature Dr. R. L. Hall (M.D. or D.O.)
Address Clinton Mo. Date signed 5/22/43

3. (a) PRINT FULL NAME KAREN KAY 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 0

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: April 19 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 2 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Marion Baird
13. Birthplace Henry Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sweezy
15. Birthplace Henry Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Aldie Johnson
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof May 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: windos

18. (a) Signature of funeral director: J. A. Hausley
(b) Address Clinton Mo.

19. (a) May 22 1943 (b) Georgia Kitchen
(Date received local registrar) (registrar's signature)

1069

RECEIVED

District Health Officer No. 7

District File Number 5-43-545

Date Filed 6-14-43

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed J. J. Housley
Licensed Embalmer No. 3582

P. O. Address Alhambra, Pa.

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.