

Registration District No. **14024**

Primary Registration District No. **4024**

Registrar's No. **45**

1. PLACE OF DEATH:

(a) County **Barton**  
 (b) City or town **Hamar**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Colonial Hotel**  
 (If not in hospital or institution, write street number or location) **2**  
 (d) Length of stay: In hospital or institution **9 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Hamilton Baird**  
 (b) If veteran, name war **none**  
 3. (c) Social Security No. **514-01-53988**

4. Sex **male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **LEAH BAIRD**  
 6. (c) Age of husband or wife if alive **49** years  
 7. Birth date of deceased **JULY 21 1887**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>1</b>	<b>27</b>	hr. min.

9. Birthplace **OPOLIS MO.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **HARNESSEMAKER**

11. Industry or business **1**

12. Name **GEORGE BAIRD**  
 13. Birthplace **UNKNOWN ILL.**  
 14. Maiden name **ELIZABETH D W SLEY**  
 15. Birthplace **CARMORN MO.**

16. (a) Informant's own signature **Byron Baird**  
 (b) Address **Columbus, Kan.**

17. (a) **Removal** (b) Date thereof **Sept 17-1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **OPOLIS - IANS**

18. (a) Signature of funeral director **21 1/2 Catlett**  
 (b) Address **Columbus, Kan.**

19. (a) **Sept 17 1940** (b) **Mr Josephine Mema**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**  
 (c) City or town **Hamar**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **0** (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **17** year **1940** hour **10** minute **30 P.** M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
 Due to **Had worked all day as usual.**  
 Due to **Died suddenly**  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy **none**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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? **40**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **C. E. Duckett** (M. D. or other) **MD**  
 Address **Lamar Mo** Date signed **Sept**

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

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

District Health Officer No. 6,

District File Number 1040-2649

Date Filed OCT 7 1917

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**