

S. No. 2
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5-17-39
X29484

16860

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILE JUN 6 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2036

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1123 East 11th Street - 2nd Floor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community 40 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1123 East 11th Street - 2nd Flo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country In America 70 Years

3. (a) PRINT FULL NAME Mrs. Ida Charlotta Baird

3. (b) If veteran, name war None

3. (c) Social Security, No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. James Baird

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased July 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 10 9 4 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business At Home

12. Name Louie Fern

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Natilda Holmgren

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kenneth Smith

(b) Address Ottumwa, Iowa

17. (a) Burial (b) Date thereof May 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director D. J. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-26-42 (b) D. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from January
1938 to May 24, 1942
that I last saw her alive on May 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Chronic myocardiosis

Due to Atherosclerosis coronaries

Other conditions 935
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy as above

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 Stanley Moore (M. D. or other) M.D.

Address Prokes Blvd. Date signed 5-24-42

(Licensed Embalmer's Statement on Reverse Side)

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

2 W.C.

43
3
8
0

311

By D. J. Sheng M.D. Research Hospital

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.....

K. O. Newcomer Jr.

Licensed Embalmer No.....

4043

P. O. Address.....

K. O. Newcomer Jr.

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.