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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2970

FILED FEB 14 1944

Registration District No. 133 Primary Registration District No. 5489 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: 1 Sugar Creek
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Feet (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Mo (b) County Harrison

(c) City or town Gilman City Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Sugar Creek - Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CLARA E. 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 Widow

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased May (Month) 20 (Day) 1856 (Year)

8. AGE: Years 87 Months 7 Days 5' If less than one day hr. min.

9. Birthplace Green Co Ind. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Hawk Keeper

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Street
(b) Address Gilman City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Union Chapel Cemetery

18. (a) Signature of funeral director W D Hames
(b) Address Gilman City Mo

19. (a) Jan. 5-44 (Date received local registrar) (b) Zoila M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1943 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1940, to Dec 25 1943
that I last saw her alive on Dec 24 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensation of heart	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

95 C2

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W L Warren (M. D. or other)
Address Gilman City Mo Date signed 1-3-44

(Licensed Embalmer's Statement on Reverse Side)

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 W D Haines, Registered Apprentice No. ..... working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 942

P. O. Address Gilman City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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