

**FILED DEC 9 1944**

Registration District No. **179**

Primary Registration District No. **1002**

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:  
**814 West 52nd Street**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **35 Years**  
(Specify whether years, months or days)  
 In this community **35 Years**

3. (a) PRINT FULL NAME **Charles Baird**

3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **487-26-7128**

4. Sex **Male**  
 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (c) Age of husband or wife if alive **39** years  
 7. Birth date of deceased **1 - 17 - 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>10</b>	<b>12</b>	hr. min.

9. Birthplace **Vanceburg Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Investments**

MOTHER FATHER { 11. Industry or business

12. Name **Lyman Beecher Baird**  
 13. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Amanda Halbert**  
 15. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Fain Baird**  
 (b) Address **814 W-52 St**

17. (a) **Burial** (b) Date thereof **12-4-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Mrs. C. L. Forster**  
 (b) Address **Kansas City, Missouri**

19. (a) **Dec 3, 1944** (b) **F. B. Brown**  
(Date received local registrar) (Registrar's signature)

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. **814 West 52nd Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **No**  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29th**  
 year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Dec 6** to **Nov 29** 1944  
 that I last saw him alive on **Nov 12** 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
 Due to **Coronary sclerosis**

Other conditions **PIA**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 **F. B. Brown** (M. D. of **Mo**)  
 Address **K.C. 2 Mo** Date signed **12/1/44**

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

315 Alameda Road - Plaza  
Lo 7400

93212110000

**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 C. H. Nile

Licensed Embalmer No. 25770

P. O. Address K. C. Nile

**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.**