

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 9 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14285

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Moniteau County
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Mortuary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert Hill Laird

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 18th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 19 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Chas Laird
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cook
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Laird
(b) Address California Mo
17. (a) Burial (b) Date thereof 4/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Katharine Funeral Home
(b) Address California Mo
19. (a) 4-10-217 (b) R. R. Popejoy
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Jamestown Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Barrel (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1947 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from Apr. 4, 1947 to Apr. 6, 1947,
that I last saw him alive on Apr. 4, 1947,
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis Duration _____

Due to Hyperstenic Heart Disease

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. P. Burke, Jr. (M. D. or other) Mo
Address California, Mo. Date signed 4/7/47

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

Date Filed 5-8-47

District File Number

District Health Officer No. 9,

RECEIVED

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.....

H. E. Friedman

Licensed Embalmer No. 2854

P. O. Address California Mo

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. "