

REC'D AUG 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25828
 Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 403
 (b) Township KAW BROOKING Primary Registration District No. 5557 Registered No. _____
 (c) City KANSAS-CITY (d) Street No. 5808 RAYTOWN ROAD _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MRS FRANCES A McLAUGHLIN
 (a) Residence, No. 5808 RAYTOWN ROAD St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM McLAUGHLIN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 6 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLOOMINGTON ILLINOIS
 FATHER 13. NAME IRA BRININSTOOL
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
 MOTHER 15. MAIDEN NAME MARY E. GRIFFITH
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
 17. INFORMANT MR WILLIAM McLAUGHLIN
 (ADDRESS) 5808 RAYTOWN ROAD
 18. BURIAL, CREMATION, OR REMOVAL PLACE WICHITA, KANSAS DATE JULY 22 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
 20. FILED 7-20 1939 D. Newbank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 19 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 15 3:35, 1939 to July 19 8:35, 1939
 I last saw him alive on July 18 1939 Death is said to have occurred on the date stated above, at 8:35 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis Date of onset 4-1-39
826
 Other contributory causes of importance:
Arteriosclerosis 11-38
Arthritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. G. Sheldon, M. D.
365 (Address) Government
ACVing

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.

Burysand Park Chapel - 8:30-10:45 - 5:30-6:30

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. Hervey Eisenberg*

Licensed Embalmer No. *40700*

P. O. Address *K. C. 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, above space should be left blank.