

FILED AT 1 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH11322  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 200 Registered No. ....  
 (c) City Joplin (d) Street No. 1717 Connor 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME REBECCA L. LAUGHLIN.

(a) Residence, No. Seneea Mo. St.  Seneea Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. B. Laughlin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15-1864  
 7. AGE YEARS 75 MONTHS 3 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 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) Kansas 1FATHER 13. NAME Levi C. Filint 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't KnowMOTHER 15. MAIDEN NAME Stella Ann Harvey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska17. INFORMANT (ADDRESS) Lyd. Laughlin Seneea Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Seneea Mo. DATE 7-11 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) B. W. Hayward Seneea Mo.20. FILED 7-11 1939 Ed H. James Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939

22. I HEREBY CERTIFY That I attended deceased from June 1 1939 to July 5 1939  
 I last saw her alive on July 6 1939. Death is said to have occurred on the date stated above, at 12-30 am  
 The principal cause of death and related causes of importance were as follows:

Ch Myocarditis

Date of onset

Seven yearsOther contributory causes of importance: 93CName 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 of injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) [Signature] M. D.

Address Joplin, Mo.

**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 *B. W. Buzzard*

Licensed Embalmer No. *2334*

P. O. Address *Seneca, 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.**