FILED JUN 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18773

Registration District No. 406 Primary Registration District No. 5560 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper Twin Grove Twp

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

(c) Name of hospital or institution: Highway Near Waco Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HARVEY McLAUGHLIN 240

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

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January (Month) 12 (Day) 1884 (Year)

8. AGE: Years 56 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Lacygne (City, town, or county) Kans. (State or foreign country)

10. Usual occupation Porter Drug Store

11. Industry or business —

FATHER
12. Name Mose McLaughlin
13. Birthplace unknown (City, town, or county) — (State or foreign country)

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

16. (a) Informant Anna McLaughlin

(b) Address 1110 B Yers Joplin Mo.

17. (a) Parkway Cem. (Burial, cremation, or removal) (b) Date thereof May 22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Parkway Cem.

18. (a) Signature of funeral director Hodge Meloom

(b) Address Webb City Mo.

19. (a) May 20 (Date received local registrar) (b) Roy A Gnadt 950 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on May 19 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Chest - a multiple number of fractured ribs on both sides of chest.

Due to Automobile accident Collision with fixed object

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations 210 WV

Of autopsy Investigation

Duration

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) Accident

(b) Date of occurrence May 18 - 1940.

(c) Where did injury occur? Highway 57, Jasper Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway #57 (Specify type of place)

While at work? no (e) Means of injury Automobile Accident

23. Signature A. A. Winchester Coroner (M. D. or other)

Address Joplin Mo. Date signed 5-19-40

(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

C. W. Hedge, Registered Apprentice No.

working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City

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.

S. No. 2B
1—2-21-40
1 X22659

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

NOWENA MOORE

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18773

Registration District No. 406 Primary Registration District No. 5560 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution Hi Tuway 57 (Specify whether years, months or days)

In this community Jasper Co. May 10 1940.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harvey McLaughlin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Col

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	4	6	hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. N. Winchester (M. D. or other)

Address Crystal City Mo. Date signed