

Registration District No. 400

Primary Registration District No. 5552B

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Rural
(c) Name of hospital or institution County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yr 1 mo 5 day
In this community yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Little Blue "Rural"
(d) Street No. County Home
(e) If foreign born, how long in U. S. A.? Not known years.

8. (a) PRINT FULL NAME Wm J. McLaughlin
8. (b) If veteran, name war
8. (c) Social Security No. 5-20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 40 hour 5 minute P M.
21. I hereby certify that I attended the deceased from June 20
1940 to June 23, 1940
that I last saw him alive on June 23, 1940
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased. 6 (Month) 1 (Day) 1851 (Year)

Immediate cause of death General maintenance
Due to Senility

8. AGE: Years 89 Months 0 Days 22 If less than one day 17 hr. 0 min.

Due to Senility
Other conditions (include pregnancy within 3 months of death) 162

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

10. Usual occupation Watchman

11. Industry or business Widow

12. Name Widow

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

14. Maiden name Widow

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

16. (a) Informant W J McLaughlin MD.

(b) Address Little Blue

17. (a) Burial (b) Date thereof June 27, 1940

(c) Place: burial or cremation Kansas City, Missouri

(d) Mt. Washington Cemetery

18. (a) Signature of funeral director D. F. Newcomer

(b) Address Kansas City, Missouri

19. (a) 6-25-40 (b) Lana B. Banes

(Date received local registrar) (Registrar's signature)

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? 932

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature W J McLaughlin MD. (of officer)

Address Little Blue Date signed June 23-40

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

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 *A. H. Newcomer*

Licensed Embalmer No. 4043

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.