

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 877

Primary Registration District No. 6154

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Richards
(c) Name of hospital or institution: Rural 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John F. Mc Laughlin

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

4. Sex M 5. Color or race W.

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

7. Birth date of deceased June 11 1852
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joac Mc Laughlin

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

14. Maiden name Annella Shibe

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

16. (a) Informant J. E. Mc Laughlin

(b) Address Richards

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 26 40 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director M. E. Ferry

(b) Address Nevada

19. (a) 5-31-40 (Date received local registrar) (b) Thelma Wilson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural
(d) Street No. Mely Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1940 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from Feb 17 1940 to May 24 1940 that I last saw him alive on May 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 6 mo or longer

Due to Dont Know

Due to Dont Know. 93C

Other conditions None (Include pregnancy within 6 months of death)

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? 856

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

23. Signature W. Love MD (M. D. or other)

Address Nevada, Mo Date signed 5/30/40

RECEIVED

District Health Officer

District File Number 6-48-912

Date Filed 2-0-48

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 *M. E. Ferry*

Licensed Embalmer No. *1432*

P. O. Address *Nevada 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.