

Registration District No. 105

Primary Registration District No. 4064

Registrar's No. 20

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town MOKANE
(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 2
(Specify whether
In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME EUGENIE McLAUGHLIN

3. (b) If veteran, name war. _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) 1853

7. Birth date of deceased NOV. 9 (Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

12. Name VICTOR PINET

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

14. Maiden name CLEMENCE PHILBERT

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

16. (a) Informant MRS. CLEMENCE GRIFFIN

(b) Address MOKANE, MISSOURI

17. (a) BURIAL (b) Date thereof 9-20-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TABLETS - RIVERVIEW

18. (a) Signature of funeral director Glenn Y. Mason

(b) Address 700 Court St Fulton, Mo.

19. (a) 9-18-1940 (b) W. Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town MOKANE
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 22, 1940 to Sept. 17, 1940 that I last saw her alive on Sept 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis + Heart disease with emile
hemiplegia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 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? _____

107 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Williams (M. D. or other) M.D.
Address Mokane, Mo Date signed 9-18-40

Duration

4 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Walter S. Hedgk

, Registered Apprentice No. *263*

working under my personal supervision.

Signed

Glen Y. Maupein

Licensed Embalmer No. *2725*

P. O. Address

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, fact should be so stated above.