

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3080
Do not use this space.

1. PLACE OF DEATH

(a) County L. Harrison Registration District No. 431
 (b) Township Warrensburg Primary Registration District No. 3023 Registered No. 2
 (c) City Warrensburg (d) Street No. 5 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 Rolla Roger Laughman

(a) Residence, No. Leeton, Mo. R.F.D. No. 2 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allie Laughman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 0 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Jackson, Co. Mo.

FATHER 13. NAME Benjamin Frank Laughman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Louisa Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT G. P. Laughman (ADDRESS) Leeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeton, Mo. DATE 1-3-41

19. FUNERAL DIRECTOR R. B. Brauninger (ADDRESS) Leeton, Mo.

20. FILED Jan 6 1941 Bertie Bentley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st. 1940

I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1940 to Dec. 31, 1940. I last saw him alive on Dec. 31, 1940. Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:
Contusion of the brain Date of onset

Other contributory causes of importance: 186 lbs

Name 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 accident Date of injury Dec. 31, 1940
 Where did injury occur? Leeton, Jackson Park, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Blow from falling tree
 Nature of injury Contusion of skull with fracture

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. McStarr P.O. _____
 (Address) Leeton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-11-6

STATEMENT BY LICENSED EMBALMER

I, R.A. Bauninger Licensed Embalmer No. 3377
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed R.A. Bauninger
Licensed Embalmer No. 3377

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.)