S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5815

State File No. 587

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3011 Prospect (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL") 3

(d) Street No. 3011 Prospect (If rural, give location) 8

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

3. (a) PRINT FULL NAME Thomas McLaughlin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Sevilla McLaughlin

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 17 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 78 Days 21 If less than one day hr. min.

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

10. Usual occupation House Painter

11. Industry or business Same

FATHER
12. Name Thomas McLaughlin
13. Birthplace Orland (City, town, or county) (State or foreign country) 11

MOTHER
14. Maiden name Mary unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Sevilla McLaughlin

(b) Address 3011 Prospect

17. (a) (Burial, cremation, or removal) (b) Date thereof 2/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. E. Syon

(b) Address 2315 Linwood Blvd

19. (a) 2/10/1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8, year 1941 hour 2 minute AM.

21. I hereby certify that I attended the deceased from Jan 25, 1941 to Feb 7, 1941; that I last saw him alive on Feb 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to General Arteriosclerosis

Due to 93 H

Other conditions (Include pregnancy within 3 months of death) 93 H

Major findings: Of operations

Of autopsy No

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)

(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 0

23. Signature Edward L. Tuckel (M. D. or other)

Address 712 Argyle Bldg K.C.M. Date signed Feb 10/41

(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 ——

—, Registered Apprentice No. —

working under my personal supervision.

Signed Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address 2315 Linwood

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.