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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. _____

APR 21 1941
449

1. PLACE OF DEATH:

(a) County Laclede

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Tommy Otis M. Laughlin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased march 29 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

_____ hr. _____ min

9. Birthplace Plato, mo (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harold M. Laughlin

13. Birthplace Plato, mo (City, town, or county) (State or foreign country) 0

14. Maiden name Lena Hart

15. Birthplace Jurley mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Harold M. Laughlin

(b) Address Plato, mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof mar 30 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Lynch Cemetery

18. (a) Signature of funeral director No funeral dirctor

(b) Address _____

19. (a) 4-2-41 (Date received local registrar) (b) J. M. Court (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede

(c) City or town Plato (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 29 year 1941 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from 3-29 1941 to 3-29 1941 that I last saw h. / M. alive on 3-29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis left lung

Due to congenital 8 hrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 161

Of autopsy _____

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? _____

23. Signature Paul Jenkins (Specify type of place) (e) Means of injury _____

Address Lebanon, mo. Date signed 4/2/41

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

RECEIVED
District Registrar
District File Number *4711-111*
Date Filed *4/11/11* Officer No. *7*

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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.