

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(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 5 yrs
years, months or days)

3. (a) PRINT FULL NAME Clara May McLaughlin
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single/widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 14, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 0 24 hr. min.

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

10. Usual occupation School teacher

11. Industry or business Retired

MOTHER FATHER
12. Name John W. McLaughlin
13. Birthplace Winchester, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Jane Stone
15. Birthplace Winchester, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. McLaughlin
(b) Address Winchester, Mo.

17. (a) Burial (b) Date thereof 6/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.

19. (a) 6-25-41 (b) Allen Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon ¹⁰⁸
(c) City or town Metz ⁰
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8, year 1941 hour 6:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 31, 1941 to June 8, 1941 that I last saw her alive on June 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pleuronitis
Due to Probably ruptured appendix
Due to _____

Other conditions Diabetes
(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? _____

23. Signature W. Stone (M. D. or other) M.D.
Address Nevada, Mo Date signed June 8/41

Duration 5 days
5 days probably
Don't know
PHYSICIAN

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1091

Date Filed 7-7-41

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 _____

Lloyd R. Winick
Licensed Embalmer No. 3857

P. O. Address Wesley, Mo.

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, above space should be left blank.