

FILED OCT 10 1941
85MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31122

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. E

1. PLACE OF DEATH:

(a) County BUCHANAN
 (b) City or town ST. JOSEPH
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: STATE HOSPITAL No. 22
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: in hospital or institution State Hosp. #2
 (Specify whether years, months or days) 2 months

3. (a) PRINT FULL NAME CLARA LOUISE LAUGHLIN3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John Laughlin 6. (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased 9 10 1849
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>11</u>	<u>23</u>	<u>4</u> hr. <u>55</u> min.

9. Birthplace Vermont (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER, FATHER {
 12. Name Leonard Saunders
 13. Birthplace Vermont (State or foreign country)
 14. Maiden name Laura March
 15. Birthplace Vermont (State or foreign country)

16. (a) Informant Wm. Laughlin
 (b) Address 210 Main Liberty, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6-1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation St. Washington Independent Ch. Mo

18. (a) Signature of funeral director Church Archer Co
 (b) Address Liberty Mo
 19. (a) 9-7-41 (Date received local registrar) (b) H. J. Ketchum (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 11
 (c) City or town Liberty 1/10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 39 North Main
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3 year 1941 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 2, 1941, to Sept 3, 1941 that I last saw him alive on Sept 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 da

Due to _____

Due to _____

Other conditions Senile Dementia (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) None
 (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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature David Edwards (M. D. or other) MD
 Address State Hosp. 52 Date signed 9-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address.....

Liberty Mo.

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, fact should be so stated above.