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DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4409

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1622 Benton Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Three Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Brayner Mo
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John L. McLaughlin

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fannie McLaughlin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Brayner Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unah T. McLaughlin
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joe E. McLaughlin
(b) Address 14044 Wrench

17. (a) Burial (b) Date thereof 11/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brayner Mo Cem

18. (a) Signature of funeral director Edward Mayling
(b) Address 2315 Landward

19. (a) 11-28-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from only one Nov. 23 1941 to _____ 1941

that I last saw him alive on 11/23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Senility
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Phaedrus White M. D. or other _____
Address 1107 Brayner Blvd. Date signed 11/29/41

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

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..... *Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address *1107 N. 7th St.*

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.