

FILED JAN 20 1942

Registration District No. 378

Primary Registration District No. 4222

Registrar's No.

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 76 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Edward Frank Mc 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 Married.

6. (b) Name of husband or wife Katie Mc Laughlin, 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 11th 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
64	I	23		hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

MOTHER FATHER {

12. Name John William Mc Laughlin,

13. Birthplace Illinois,
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jane Grose,

15. Birthplace Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katie Mc Laughlin,
(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 12-29th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow, Mo.

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (c) 12-31-41 (b) Anna P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard, 45
(c) City or town Fayette,
(If outside city or town limits, write "RURAL")
(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 12 day 27
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 10-6-1941
19 to 12-27-41, 19
that I last saw him alive on 12-27-41, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, Duration
Ch. Cardio. Vascula
Renal-disease 2 yrs

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature W. Bloom (M. D. or other) M.D.
Address Fayette, Mo. Date signed 12-31-41

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

45
1
1

APR 29 1942

RECEIVED

District Health Officer No. 8,

File Number

1-16-42

MAR 16 1944

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

Guy T. Harvey

Licensed Embalmer No.

2966

P. O. Address

Fayette 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, above space should be left blank.