

FILED JUN 6 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2088

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

1. PLACE OF DEATH: **Jackson**

(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: **300 S. Kensington 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: **In hospital or institution. 4 Weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Colorado** (b) County: **Las Animas**

(c) City or town: **Trinidad**
(If outside city or town limits, write "RURAL")

(d) Street No.: **111 Adams**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **ARTHUR HEYWOOD MC HAUGHTON**

3. (b) If veteran, name war: **No**

3. (c) Social Security No: **None**

4. Sex: **Male**

5. Color or race: **Wh.**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Mary C.**

6. (c) Age of husband or wife if alive: **65** years

7. Birth date of deceased: **Nov. 22, 1876**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	6	27	hr. min.

9. Birthplace: **New Albany Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Druggist**

11. Industry or business: **Self**

12. Name: **Findlay McNaughton**

13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary C. McNaughton**

15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mary C. McNaughton**

(b) Address: **Trinidad, Colo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **May 29, 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Moriah**

18. (a) Signature of funeral director: **C. H. BLACKMAN & S N, INC.**

(b) Address: **2825 Indep. Blvd., K. C. Mo.**

19. (a) **5-28-42** (Date received local registrar) **M. M. Crow** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **May** day: **19, 26**
year: **1942** hour: **7** minute: **30** p.m.

21. I hereby certify that I attended the deceased from **May 24** 19**42** **May 26** 19**42**
that I last saw him alive on **May 24** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary occlusion?**

Due to: **940**

Due to: _____

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

Major findings: _____
Of operations: _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury: **0**

23. Signature: **Wm R Jackson** (M. D.) _____
Address: _____ Date signed: _____

Bryant Blye
D. Jackson

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..... *H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *H.C. 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.