S. No. 2
M—5-42
. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1942

Registration District No. 299

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23483

Registrar's No. 2769

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

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2414 East 10th St. 8
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Edward Loughlin

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 Widower

6. (b) Name of husband or wife Emma Seibert

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1861 (Year)

8. AGE: Years 80 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Fire Marshal

11. Industry or business Armour Packing

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Cook
(b) Address 2414 E 10 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Ketter Sons
(b) Address 2657 Indp. Ave

19. (a) July 20, 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1942 hour 12 minut 15 P. M.

21. I hereby certify that I attended the deceased from 7-17-42, 19__, to 7-19-42, 19__;
that I last saw him alive on 7-19-42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to 9 sec	
Due to	
Other conditions (Include pregnancy within 3 months of death) 60	
Major findings: Of operations	
Of autopsy See above	

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

23. Signature Amery R. Thorne (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 Howard J. Roe

Licensed Embalmer No. 2748

P. O. Address 4316 Argyle Ave

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.