

U.S. No. 2
 Form 9-4-41
 5-17-39
 P-1 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

5343

State File No. _____

FILED FEB 19 1943

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 31

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 201 W. Normal 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Three Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirkville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 W. Normal
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Harry H. Laughlin
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 26
 year 1943 hour 3 minute 15 P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pansy Laughlin
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 11 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940
 19____ to Jan 26 1943
 that I last saw him alive on Jan 26 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>15</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration 18 hrs
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) None
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Geneticist
 11. Industry or business Eugenics & Immigration

MOTHER FATHER
 12. Name George Laughlin
 13. Birthplace Adams Co. Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Deborah Ross
 15. Birthplace Walnut Ill.
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mr. Harry Laughlin
 (b) Address Kirkville, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Park Cemt.

23. Signature John C. Chase (M. D. or other) DO
 Address Kirkville Date signed 1/26/43

18. (a) Signature of funeral director Dans Funeral Home
 (b) Address Kirkville, Mo.
 19. (a) 2/3/43 (Date received local registrar) (b) Mr. J. W. Wagoner (Registrar's signature)

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

33

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DEC 31 1947

JUL 31 1944

RECEIVED

District Health Officer No. 10

District File Number 2-43-401

Date Filed FEB 16 1943

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 Heith Collier

Licensed Embalmer No. 3632

P. O. Address Fishersville Md

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.