

S. No. 2
 1-1-4-41
 5-17-39
 I X28386

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

13268

State File No. _____

ED MAY 5 1943 149
 Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1810

1. PLACE OF DEATH:
 (a) County... Jackson
 (b) City or town... Kansas City
 (c) Name of hospital or institution:
 4229 Virginia
 (d) Length of stay: In hospital or institution... None
 In this community... Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Jackson
 (c) City or town... Kansas City
 (d) Street No... 4229 Virginia
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY M. LAUGHLIN
 (b) If veteran, name war... No
 (c) Social Security No... None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 14th
 year 1943 hour 3 minute A M.
 21. I hereby certify that I attended the deceased from April 4 1943
 to April 14th 1943
 that I last saw her alive on April 14th 1943
 and that death occurred on the date and hour stated above.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 15 1864
 (Month) (Day) (Year)

Immediate cause of death
 Uremia
 Hypertension - arteriosclerosis
 heart disease
 Bladder Hemorrhage - probably malignant
 Other conditions (Include pregnancy within 3 months of death) 52B
 Major findings: Of operations _____
 Of autopsy none

8. AGE: Years 78 Months 7 Days 29
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework
 11. Industry or business At Home
 12. Name Maurice Scanlan
 13. Birthplace Ireland 4
 14. Maiden name Hannah M. Mahan
 15. Birthplace Ireland 4

16. (a) Informant Mrs. H.R. Pendergrass
 (b) Address 4229 Virginia, K.C., Mo.
 17. (a) Burial (b) Date thereof April 16-43
 (c) Place: burial or cremation St. John's Cemetery

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director J. A. Butler's Sons
 (b) Address 22 South 18th St. K.C.K.
 19. (a) 4-16-43 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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)
 Means of injury _____
 23. Signature Frank B. Galt (M.D. or other) M.D.
 Address 924 P. J. Bldg. E.O.M. Date signed 4-15-43

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.....

Paul Bell
Licensed Embalmer No. *3426 Mo*

P. O. Address *Kansas City Kansas*

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.