

FILED JUL 13 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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. 10  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 5 days  
(Specify whether years, months or days)

In this community 18 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Erwin Bruce McLaughlin

3. (b) If veteran, name war None

3. (c) Social Security No. 496-05-3258

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Viola B. McLaughlin

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 27 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	10	29 50	hr. min.
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9. Birthplace Marlat Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Alexander McLaughlin

13. Birthplace Sarnia Canada 2  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Desmond

15. Birthplace Taney Scotland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola B. McLaughlin

(b) Address 1102 East 8th Street

17. (a) Burial (b) Date thereof June 29, 1943  
(Ritual, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Maple Hill Cemetery, K.C., Mo.

18. (a) Signature of funeral director J. H. Huron

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-29-43 (b) J. C. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1102 E. 8th  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th  
year 1943 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 23 1943 to June 26 1943  
that I last saw him alive on June 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease with decompensation

Due to bronchial asthma

fibrosis of lung

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Manly R. Brown (M. D. or other) \_\_\_\_\_  
Address Mad. Ave. K.C. 11th St. Wp. Date signed 6/28/43

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.