

Registration District No. **1002**

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 **Kennett Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3200 Mulberry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

In this community **1 week**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kennett Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **2946 Brooklyn**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Michael F Laughlin**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4** year **1943** hour **7:30** minute **P** M.

21. I hereby certify that I attended the deceased from **7-2-43** 19... to **7-4-43** 19...
that I last saw him alive on **7-4-43** 19... and that death occurred on the date and hour stated above.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife

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

7. Birth date of deceased **May 7 1871**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**

Due to **arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) **83a**

8. AGE:

Years	Months	Days	If less than one day
72	1	27	hr. min.

9. Birthplace **Ill** (City, town, or county) **Ill** (State or foreign country)

10. Usual occupation **farmer**

Major findings: Of operations **83a**

Of autopsy

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

MOTHER {

11. Industry or business **none**

12. Name **Bartley Laughlin**

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

14. Maiden name **Mary Waters**

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

16. (a) Informant **William Laughlin**

(b) Address **2946 Brooklyn**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **7-7-43** (Month) (Day) (Year)

(c) Place: burial or cremation **mt St Mary Cen**

18. (a) Signature of funeral director **Sam Matherup**

(b) Address **Kennett Mo**

19. (a) **7-6-43** (Date received local registrar) (b) **P. E. Brown** (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) (e) Means of injury

23. Signature **J. H. ...** (M. D. or other)

Address **2946 Brooklyn** Date signed **7-5-43**

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.....

Roy E. Dune

Licensed Embalmer No. *2560*

P. O. Address *K.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.