Dr R. M James

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25258

Registration District No. 2056 — Primary Registration District No. 2001 — Registrar's No. 369

LED JUL 26 1943

49
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 503 N. Galena (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 45 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jasper 49 2 5

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

(d) Street No. 503 N. Galena (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

**3. (a) PRINT FULL NAME** Ahijah W. Laughter

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Jeanette

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased ..... (Month) (Day) (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 89 | 1 | 17 | ..... hr. ..... min. |

9. Birthplace Jewett (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Grocer owner

11. Industry or business Grocery

FATHER
12. Name J. H. Laughter
13. Birthplace ..... (City, town, or county) Ind 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Medley
15. Birthplace ..... (City, town, or county) Ind 1 (State or foreign country)

16. (a) Informant Charles Laughter

(b) Address 503 Wilson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thornhill Dillon

(b) Address 4th & Wall Jor

19. (a) 7-3-43 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 1 year 1943 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from 6/5 1943 to 7-1 1943 that I last saw him alive on 7-1 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cordio-Vas Fatigue | |
| Due to Arteriosclerosis | ? |
| Due to Senility | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

93d

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 0

23. Signature R. M. James (M. D. or other)

Address Joplin Mo Date signed 7/6 43

1264

(Licensed Embalmer's Statement on Reverse Side)

43-7-580

## 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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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.**