

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25618**

FILED JUL 20 1945

Registration District No. **275**

Primary Registration District No. **3047**

Registrar's No. **59**

1. PLACE OF DEATH:
 (a) County **Newton**
 (b) City or town **Neosho**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sale-Bowman Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 days**
(Specify whether
 In this community **Neosho, Mo.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **51**
 (c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Roscoe Owens Laughlan**

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. **492-14-4202**

20. DATE OF DEATH: Month **June 27** day **1945** year **1945** hour **6** minute **30p** M.

4. Sex **male** 5. Color or race **white**

21. I hereby certify that I attended the deceased from **June 22** 19**43** to **June 27 1943** 19**43** and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Elsie Laughlan**

Immediate cause of death **General Peritonitis**

7. Birth date of deceased **Dec 10 1888**
(Month) (Day) (Year)

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	54	6	17	hr. _____ min. _____

Due to **Ruptured gangrenous appendix**

9. Birthplace **Johnson Co Missouri**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Custodian, Camp Crowder**

Other conditions **121!!!**
(Include pregnancy within 3 months of death)

11. Industry or business **Post Engineers office**

Major findings: **121!!!**

12. Name **Jacob L. Laughlan**

Of operations _____

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

Of autopsy _____

14. Name **Mary Merrick**

Physician _____

15. Birthplace **Johnson County Missouri**
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. Informant **Elsie Laughlan**

22. If death was due to external causes, fill in the following:

17. (a) Address **removal Neosho, Mo**
(Burial, cremation, or removal) (b) Date thereof **6/28/43**
(Month) (Day) (Year)

(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? _____

18. (a) Signature of funeral director **W. B. ...**
(Date received local registrar) (b) Address **Neosho, Missouri**

23. Signature **Orville Sale** (M. D. or other) **MS**
Address **Neosho, Mo.** Date signed **6/27/45**

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

MOTHER FATHER

Date Received JUL 15 1943

File No. 743-137

SEP 29 1943

JUL 27 1943

JUL 28 1943

JUL 19 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.....

Licensed Embalmer No. 2689

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Newton } ss.

State File No.
Local Registrar's No. 59

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31 day of July, 1943, before me appears J. A. Bigham, who, upon his oath, states that the original record of ~~birth~~ death for Roscoe Owens Laughlan died ~~born~~ June 27, 1943, in the State of Missouri, and which was filed at Neosho on 6-28, 1943, should be corrected as follows:

Item No. 3(c) should read 492-14-4202

Instead of Blank

Item No. 6(c) should read 46

Instead of Blank

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant J. A. Bigham, Undertaker Relationship Neosho Mo.

Present Address.

Subscribed and sworn to before me this 31 day of July, 1943.

My Commission expires Corley Thompson, Local Registrar ~~Public~~

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 29 1943

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