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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr.C.E.Fellers 38230

State File No.

Primary Registration District No. 2000

Registrar's No. 944

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Hours (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural ~~Springfield.~~ N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1, Box 644
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Agnes A.Laughlin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F M

5. Color or race White

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

6. (b) Name of husband or wife Wm.B.Laughlin

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. (Month) 16th. (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 60	10	5	hr. min.

9. Birthplace Webster County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife.

11. Industry or business None

FATHER
12. Name Wayne Marlin
13. Birthplace Webster County, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Gourley
15. Birthplace Webster County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wm.B.Laughlin
(b) Address Rt.1 Box 644, Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.24,1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethel

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.

19. (a) 11-23-43 (Date received local registrar) (b) Dr W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943 hour 11 minute 42 A.M.

21. I hereby certify that I attended the deceased from 11/20/43, 19__, to 11/21, 1943
that I last saw her alive on 11/21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	26 hrs
Due to Phenol poisoning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1637

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) Suicide
(b) Date of occurrence Nov. 20, 1943
(c) Where did injury occur? — (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Phenol poisoning.

23. Signature C. E. Fellers (M. D. ~~or other~~)
Address Springfield Mo. Date signed 11/22/43

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence D. McCracken

Licensed Embalmer No. 2891

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.