S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41149

FILED JAN 3 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5263

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: 3159 Central /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XX
In this community: 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 3159 Central 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 9

3. (a) PRINT FULL NAME: WILLIAM C. McLAUGHLIN

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Ma

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife: Bridget McLaughlin

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

7. Birth date of deceased: July (Month) 4 (Day) 1863 (Year)

8. AGE: Years 80 Months 5 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: New York (City, town, or county) N.Y. / (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: City Ice Co.

FATHER
12. Name: Hugh McLaughlin
13. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name: Jane McGowan
15. Birthplace: No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Marie McLaughlin
(b) Address: 3159 Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: J. M. Wagner
(b) Address: Kansas City, Mo.

19. (a) 12-13-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 11th year: 1943 hour: 1: minute: 35 P. M.

21. I hereby certify that I attended the deceased from 12-1-43, 19..., to 12-11-43, 19...; that I last saw him alive on 12-11-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage	
Due to: Carcinoma of sigmoid	
Due to: 4b2	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Graham Simms (M. D. or other)
Address: 906 Grand K.C. Mo. Date signed: 12-13-43

(Licensed Embalmer's Statement on Reverse Side)

Recorded
11-28-19 - 2 P.M.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.