

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12471

APR 13 1944
Registration District No. _____

Primary Registration District No. 6782

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Wright Co.
(b) City or town Norwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hannoy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Douglas
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Fredrick Amos McLaughlin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1
year 1944 hour 5:00 minute _____ M.

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

21. I hereby certify that I attended the deceased from April 1, 1944 4th Opal 29
that I last saw him alive on April 6, 1944
and that death occurred on the 1st and hour stated above.
Immediate cause of death Brain

7. Birth date of deceased July 21 1885
(Month) (Day) (Year)
8. AGE: Years 58 Months 8 Days 10 If less than one day hr. _____ min.

Due to Messels & Cold
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Linne Co. Kans
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings: Of operations 25
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name F. R. J. McLaughlin
13. Birthplace Linne Kans
(City, town, or county) (State or foreign country)
14. Maiden name Sarah J. Mitchell
15. Birthplace Brown Co. Ohio
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Mrs W. J. Goodman
(b) Address _____
17. (a) Burial (b) Date thereof April 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Mount Cemetery
18. (a) Signature of funeral director Ella J. Bouldin
(b) Address Norwood Mo
19. (a) April 6 1944 (b) Mrs Charles Cramer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 4/7 1944

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JAN 9 1946

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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, ~~by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ella J. Bouldin
Licensed Embalmer No. 1969
P. O. Address Morwood, 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, above space should be left blank.

Registration District No. 376

Primary Registration District No. 6282

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution:
Van Meter Post Home
(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 (1 Day)
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Douglas

(c) City or town Boonville
(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 Frederick G. McLaughlin

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 5

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 2
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days _____
If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 5 - 1944 (b) Mr Charles Cramer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

12471