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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18635

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 148

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution 56 hrs. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion 64 O

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

(d) Street No.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME HOWARD McGLAUGHLIN

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

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced ✓ 9

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov. (Month) 21 (Day) 1899 (Year)

8. AGE: Years 45 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Warren Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business ✓

FATHER
12. Name T. E. McGlaughlin
13. Birthplace Marion Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Burtha Bendsil
15. Birthplace Warren Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant Everett McGlaughlin
(b) Address Taylor Mo.

17. (a) Emden (Burial, cremation, or removal) (b) Date thereof Apr - 20 44 (Month) (Day) (Year)
(c) Place: burial or cremation Emden Mo.

18. (a) Signature of funeral director A M Sprague
(b) Address Palmyra Mo.

19. (a) 5/1/44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 1944 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from ~~March~~ 4-15 19 44, to ~~March~~ 4-17 19 44
that I last saw him alive on ~~March~~ 4-17 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Haemorrhage

Due to Pyloric ulcer

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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 O

23. Signature [signature] (M. D. ~~or other~~)

Address Hannibal Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

4-21-44

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 A. M. Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra 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.