. S. No. 2
0M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24409

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Kahoka 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME JAMES ROBERT McLACHLAN

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of ~~husband or~~ wife Emma Belle McLachlan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 2, 1858 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	6	15	hr. min.

9. Birthplace (City, town, or county) Ohio 11 (State or foreign country)
10. Usual occupation Retired Grand Lecturer of Masonic A.F.&O.M.
11. Industry or business

FATHER
12. Name Robert McLachlan
13. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Maryann Slater
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Marjorie McLachlan
(b) Address Kahoka, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cemetery
18. (a) Signature of funeral director Guttings Undertaking
(b) Address Kahoka, Missouri
19. (a) 7-21-44 (Date received local registrar) (b) Perry S. Borton (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Jan 1, 1935, to July 17, 1944; that I last saw him alive on 7-14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Same

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.

162 P

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 J R Budge (M. D. ~~or other~~)
Address Kahoka Mo Date signed

1215 (Licensed Embalmer's Statement on Reverse Side)

JUL 20 1956

OCT 19 1944

RECEIVED
District Health Officer No. 10
District File Number 8-44-1440
Date Filed AUG 11 1944

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 Otis L. Gutting

Licensed Embalmer No. 2965

P. O. Address Leroy 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.