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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1944
Registration District No. 257

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 143

Primary Registration District No. 5855

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

1. PLACE OF DEATH:
(a) County Madawaski
(b) City or town Newbern
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution None
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madawaski
(c) City or town Marionville
(d) Street No. 1102 E. 4th
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Blanche Irene Laughlin
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Sept. day 20
year 1944 hour 10 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Clarence Laughlin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 25 1915
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Crushing of skull, chest and tearing off of left arm
Due to Collision of car + truck
Due to _____

8. AGE: Years 29 Months 4 Days 25 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Cervical Inquest
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Sweet Home Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____

MOTHER FATHER
12. Name Clarence H. Maple
13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Saldie Tilton
15. Birthplace Cherokee Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence F. Laughlin
(b) Address Marionville Mo.
17. (a) Burial (b) Date thereof 9-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 20, 1944
(c) Where did injury occur? Newbern, Madawaski Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway
While at work _____ (Specify type of place)
(e) Means of injury Car truck

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Marionville Mo.
19. (a) 9-26-44 (b) W. P. Jackson
(Date received local registrar) (Registrar's signature)

23. Signature W. P. Jackson (M. D. or other) _____
Address Marionville Mo. Date signed 9-23-44

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OCT 19 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.....

Walter John Campbell..... Registered Apprentice No. *360*
working under my personal supervision.

Signed *Walter Campbell*.....

Licensed Embalmer No. *2620*

P. O. Address *Marquette 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.