

FILED JAN 15 1945
Registration District No. **247**

Primary Registration District No. **5889**

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural--Granby Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1, Granby
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 week
years, months or days)

3. (a) PRINT

FULL NAME Ida Bell McLaughlin

3. (b) If veteran,

name war. No

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph S. McLaughlin 6. (c) Age of husband or wife if alive - - - years
7. Birth date of deceased September 23 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 8 If less than one day
hr. min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER

12. Name William M. Priest
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Asenath Beach
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Yoder
(b) Address Neck City, Missouri
17. (a) Burial (b) Date thereof Jan. 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Missouri

19. (a) 1-10-45 (b) Julia Norwood
(Date received local registrar) (Registrar's signature)
Mona Beach
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **73**
(c) City or town Neck City **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec.
27, 1944, to Dec 31, 1944.
that I last saw her alive on Dec. 31, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Disease of the coronary
arteries. Duration 2 months

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:

(c) 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 2

23. Signature Charles Chester (M.D. or other) P.O.
Address Granby, Mo. Date signed 12/31/44

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

300

1149

RECEIVED JAN 11 1945
District Health Officer No.
District File Number 1244-280
Date Filed JAN 12 1945

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.....

Emm R. Duell

Licensed Embalmer No. 391

P. O. Address Carthage

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.