S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12792

Registration District No. 3306 Primary Registration District No. 3006 Registrar's No. 105

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co Hospl O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2 (If outside city or town limits, write "RURAL")
(d) Street No.: 1200 Walnut St 4 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: x 6

3. (a) PRINT FULL NAME: Mrs Annie H Laughlin
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James H Laughlin
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: August (Month) 27 (Day) 1863 (Year)

8. AGE: Years 81 Months 7 Days 22 If less than one day hr. min.

9. Birthplace: Columbia (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: " "

FATHER
12. Name: Frank Horine
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Lunsford
15. Birthplace: St Clair Co Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Paul Phillips
(b) Address: La Jolla Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cem
18. (a) Signature of funeral director: R Quereau
(b) Address: Columbia Mo
19. (a) 4-21-1945 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1945 hour 2 15 minute P. M.

21. I hereby certify that I attended the deceased from April 12, 1945, to April 19, 1945, that I last saw her alive on April 19, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Ovarian Carcinoma — Duration: 5 mos
Due to: Intestinal Obst — 8 days
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Ovarian carcinoma
Of autopsy: No

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: 0

23. Signature: Edwin C. Schmidt (M.D. or other)
Address: Columbia Mo Date signed 4/20/45

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number

Date Filed 5-14-45

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

Licensed Embalmer No. 3183

P. O. Address: Columbus

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.

4335