

FILED JAN 25 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **523**

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

2818

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
BARNES Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME EARLE Wayne McLaughlin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Annabelle McIntosh McLaughlin

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 13 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 7 3 hr. min.

9. Birthplace Clay Center Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk - railway service

11. Industry or business railway mail service

12. Name Wesley McLaughlin

13. Birthplace Clay Center Kans.
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Rankin

15. Birthplace Independence, Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant John Murphy

(b) Address 1140 Blendon Pl.

17. (a) Removal (b) Date thereof Jan. 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay Center Kansas

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Road at Concordia Lane St. Louis Mo.

19. (a) JAN 17 1946 (Date received by local registrar) J. J. Bostwick (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1140 Blendon Place
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1946 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1-16-46 to 1-16-46 1946
that I last saw h. l.m. alive on 1-16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to monocytic leucemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 74 a

Of operations

Of autopsy

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?

(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

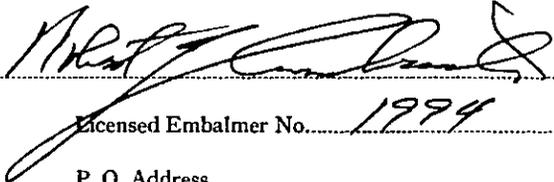
23. Signature J. H. Bradley (M. D. or other) 0

Address Barnes Hospital Date signed 1-16-46

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.....

1994

P. O. Address.....

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.