

FILED MAR 18 1946

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Louisiana**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mineral Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 days**
In this community **27 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ill** (b) County **Pike 999**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Griggsville R#1** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William James Laugh**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 24 1863**
(Month) (Day) (Year)

8. 'AGE: Years Months Days If less than one day
82 6 15 hr. min.

9. Birthplace **Pike Co. Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Robert Laugh**

13. Birthplace **Clearmont Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Richardson**

15. Birthplace **Penn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Harris Bradbury**

(b) Address **Griggsville Ill.**

17. (a) **Burial** (b) Date thereof **2-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perry, Ill.**

18. (a) Signature of funeral director **Harris Bradbury**

(b) Address **Griggsville Ill.**

19. (a) **2-9-46** (b) **Margaret E. Stephens**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **9** year **1946** hour **1** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **Nov 6**, 19**45**, to **Feb. 9 1946** that I last saw h. **IN** alive on **Feb - 9** and that death occurred on the date and hour stated above.

Immediate cause of death **cardio vascular renal hypertension**
Due to **disense. 1 year**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **12/1**

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **W. B. Blyden** (Other) _____
Address **Louisiana** Date signed **Feb 9**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

32
2
1

0000

APR 9 1948

NOV 13 1948

RECEIVED
District Health Officer No. 16
District File Number 3-46-542
Date Filed MAR-1-6-1948

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.....

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.