

FILED AUG 8 1946

Registrar's No. 239

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aaron M^cLaughlin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb. 27 1946 to July 6 1946
that I last saw him alive on July 6 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie Overstreet M^cLaughlin 6. (c) Age of husband or wife if 52 1/2 years
7. Birth date of deceased Jan. 10 1887
(Month) (Day) (Year)

Immediate cause of death ursemia Duration _____

8. AGE: Years 64 Months 6 Days 6 If less than one day _____ hr. _____ min.

Due to Gen. Atherosclerosis

9. Birthplace Linn Creek Mo.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Hospital Attendant

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

11. Industry or business _____

Major findings: _____

12. Name William M^cLaughlin

Of operations _____

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Sarah Edwards

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Aaron M^cLaughlin

(a) Accident, suicide, or homicide (specify) _____

(b) Address Fulton Mo.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 7-8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Cap Vase Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

18. (a) Signature of general director William J. Mays

While at work? _____ (e) Means of injury _____

(b) Address Fulton Mo.

23. Signature George J. Wood (M. D. or other) _____

19. (a) 7-8-1946 (b) Joan Mankoff
(Date received local registrar) (Registrar's signature)

Address Fulton Mo. Date signed 7/8/46

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

21748

4
1
2

RECEIVED
District Health Officer No. 9
District File Number 8-46-62
Date Filed 8-7-46

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.....

J. L. Rossom

Licensed Embalmer No. 2585

P. O. Address.....

Fulton 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.