

No. 2  
-12-45  
5-17-39  
X47070

FILED NOV 20 1946  
Registration District No. 199

State File No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4656

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1310 East Armour Boulevard, Conv. Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. many years  
58 years (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Louis Augustine Laughlin

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 widowed

6. (b) Name of husband or wife Emma K. Laughlin 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September 11 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>1</u>	<u>24</u>	hr. min.

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

10. Usual occupation Lawyer

11. Industry or business Retired

MOTHER FATHER { 12. Name Addison D. Laughlin

{ 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Almeda W. Hawley  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Kendall Laughlin,  
(b) Address Chicago, Illinois,

17. (a) removal (b) Date thereof 11-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendota, Illinois

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-6-46 (b) Shaldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1310 East Armour Blvd.,  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5  
year 1946 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from April 11, 1944, to Nov 5, 1946, that I last saw him alive on Nov 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial infarction  
Cholesterolosis of heart  
Secondary diabetes  
renal insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 6 mos  
2 yrs

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(Specify type of injury) \_\_\_\_\_

23. Signature David B. Robinson MD (M. D. or other) \_\_\_\_\_  
Address 928 Prof. Bldg Date signed 11/6/46

*Dr. D. B. Robinson*

Dr. D. B. Robinson

**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..... *Robert H Reed* .....  
Licensed Embalmer No. *3746* .....  
P. O. Address..... *14C 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.**