

No. 2
12-45
17-39
X47070

FILED JAN 15 1947
Registration District No. 58

Primary Registration District No. 5572

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether

In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1101 S. Park
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME John M. Laughlin

3. (b) If veteran, No name war

3. (c) Social Security None No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1946 hour 11 minute 10 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Laughlin

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: April 1 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-18-46 1946 to 12-28-46 1946;
that I last saw him alive on 12-28-46 1946;
and that death occurred on the date and hour stated above.

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

73	8	18	
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hr. min.

Immediate cause of death: Cerebra

Due to Tranny depression

Duration 4 days

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

Other conditions (Include pregnancy within 3 months of death)

Due to

10. Usual occupation Contractor

Major findings: Of operations

Of autopsy 123B

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business Self Employed

12. Name John Laughlin

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

14. Maiden name Clara Sanders

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

16. (a) Informant Mrs. Jessie Davis

(b) Address Paola, Kansas

17. (a) Burial (b) Date thereof 12-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington K.C.

18. (a) Signature of funeral director George, C. Carson

(b) Address Independence, Missouri

19. (a) 12-21-46 (b) Donald C. Zambler
(Date received local registrar) (Registrar's signature)

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? No

While at work? (Specify type of place)

(e) Means of injury

Address INDEPENDENCE, MO. Date signed 12-19-46

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

MOTHER FATHER

P1

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, ~~by~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

R. A. Lisle

Licensed Embalmer No.

4123

P. O. Address.....

Indianapolis, IN

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.