

FILED APR 8 1947  
Registration District No. ....

Primary Registration District No. 3048

Registrar's No. 5-7

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

1. PLACE OF DEATH:

(a) County MOHAWK  
(b) City or town Maryville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: SAINT FRANCIS Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 hours  
(Specify whether years, months or days) 56-0-0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry  
(c) City or town Stanberry Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. West 3rd st.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

Billie McLaughlin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wht.

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

6. (b) Name of husband or wife John Simco McLaughlin

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased 10 (Month)

18 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>7</u>	hr. min.

9. Birthplace New Haven, Connecticut  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

MOTHER FATHER

12. Name JAMES CUNNINGHAM

13. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Rustell

(b) Address Stanberry Mo.

17. (a) BURIAL (b) Date thereof MARCH 27 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Calvary at Stanberry

18. (a) Signature of funeral director J. Evan Johnson

(b) Address East 2nd St Stanberry Missouri

19. (a) 2-29-47 (b) Beas Bolt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25  
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 24 March  
1947 to 25 March 1947  
that I last saw h. alive on 25 and that death occurred on the date and hour stated above.

Immediate cause of death  
chronic Myocarditis  
chronic Myelophthisis  
Due to acute bronchitis

Due to .....

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

Major findings: Of operations 127B  
Of autopsy .....

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 D. Z. Byland (M. D. or other) MD

Address Maryville Mo Date signed 3/26/47

**DISTRICT HEALTH OFFICE**  
Cameron, Mo.

**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.....

*J. Evan Johnson*....., Registered Apprentice No. *NO.*  
working under my personal supervision.

Signed *J. Evan Johnson*.....

Licensed Embalmer No. *3492*.....

P. O. Address *Stankney Missouri*.....

**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.**