

Registration District No. 1002 Primary Registration District No. 1002

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 3710 VIRGINIA AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3710 VIRGINIA AVENUE 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME FRANK HARRY MACLAUGHLIN

3. (b) If veteran, name war No

3. (c) Social Security No. # lost

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER Day 3-0 year 1947 hour 6 minute 20 P.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. NELLIE A. MACLAUGHLIN 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased FEBRUARY - 7 - 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 25, 1947 to Sept 3, 1947 that I last saw him alive on August 25, 1947 and that death occurred on the date and hour stated above.

Duration 9 days

8. AGE: Years 65 Months 6 Days 26 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage

Due to arterial hypertension ?

9. Birthplace SPRING BOROUGH PENNSYLVANIA 1
(City, town, or county) (State or foreign country)

10. Usual occupation SALES MAN, RETIRED 6 YEARS

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

11. Industry or business BOWEY'S CHOCOLATE SYRUP CO.

12. Name LUCIUS MACLAUGHLIN

13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name MARY MANELA

15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

PHYSICIAN —

Major findings: L

Of operations 830

Of autopsy ✓

16. (a) Informant MRS. NELLIE A. MACLAUGHLIN

(b) Address 3710 VIRGINIA AVENUE

17. (a) BURIAL (b) Date thereof SEPT. 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

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? ✓
(Specify type of place)

18. (a) Signature of funeral director W. Newman Low

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-5-47 (b) Shalline Holmes
(Date received local registrar) (Registrar's signature)

23. Signature V. A. Farrel (M.D. or other) DO.

Address 408 Westman Bldg Date signed 9-5-47

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

MOTHER FATHER

W. J. ...
Bldg.

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 Jess T. Dewar
Licensed Embalmer No. 4453
P. O. Address Kansas City

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.