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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Earl Laughlin

State File No. 36930

Primary Registration District No. 3000

Registrar's No. 317

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: Laughlin Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution: 10 days (Specify whether

In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Shelby 102

(c) City or town: Shelbyville (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Addie M. Feely

3. (b) If veteran, name war: –

3. (c) Social Security No.: –

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: S. Marvin Feely

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

7. Birth date of deceased: June (Month) 9 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	5	9	– hr. – min.

9. Birthplace: Shelby Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Wm R. Turner
13. Birthplace: Shelby Co. (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name: Mary A. Doyle
15. Birthplace: Saline Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: S. M. Feely

(b) Address: Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov-20-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F. Cemetery Shelbyville, Mo.

18. (a) Signature of funeral director: E. C. Thompson

(b) Address: Shelbyville, Mo.

19. (a) 11-24-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1947 hour 8:52 minute A M.

21. I hereby certify that I attended the deceased from Nov 9, 1947 to Nov 18, 1947 that I last saw her alive on Nov 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of uterus with extensive metastasis to lungs	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Secondary anemia	
Major findings: Of operations: Colpotomy 3 yrs ago (St. Louis)	
Of autopsy:	

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? (Specify type of place) 2

While at work: (e) Means of injury:

23. Signature: Earl Laughlin Jr. (M. D. or other) D.O.

Address: Kirksville, Mo. Date signed 11-21-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 6 1950

APR 11 1950

RECEIVED
District Health Officer No. 10
District File Number 12-47-164
Date Filed DEC - 2 1947

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 Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.