

S. No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 26 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2542

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:
OSTEOPATHIC HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether)

In this community 5 days
years, months or days

3. (a) PRINT FULL NAME MRS. WILLIE LAUGHLIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife J. LAUGHLIN

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

7. Birth date of deceased OCT. 6. 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 25
If less than one day hr. min.

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

10. Usual occupation HOME

11. Industry or business _____

MOTHER FATHER

12. Name W.W. FORBES

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

14. Maiden name SARAH JOHNSON

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

16. (a) Informant MRS. CLAUDE BURNETT

(b) Address SWEET SPGS, MO.

17. (a) REMOVAL (b) Date thereof 6-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SWEET SPGS., MO.

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 6-17-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County SALINE

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

(d) Street No. 123 MILLER ST.
(If rural, give location)

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

If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11
year 1948 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from 6-7, 1948 to 6-11, 1948
that I last saw her alive on 6-11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 hr.

Due to _____

Due to _____

Other conditions Alcohol ingested
(Include pregnancy within 3 months of death)

Major findings: Resection ganglion on 6-8-48

Of operations _____

Of autopsy 940

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) (c) Means of injury

23. Signature A.B. Brites, D.O.
(M.D. or other)

Address 517 Bryant Bldg Date signed 6-14-48

Kansas City, Mo

W. H. Carter

*Department 1311
O. 1111*

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. *3745*
P. O. Address *H. C. 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.