FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25322

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 248

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)
(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)
In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 706 S. Halliburton St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: GEORGE M. LAUGHLIN
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Blanche Laughlin
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: December (Month) 23 (Day) 1872 (Year)
8. AGE: Years 75 Months 7 Days 22 If less than one day: hr. min.
9. Birthplace: New London, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Osteopathic Physician
11. Industry or business:
FATHER
12. Name: George H. Laughlin
13. Birthplace: Adams Co. (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name: Deborah Ross
15. Birthplace: Newcomerstown, (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs. George M. Laughlin
(b) Address: 706 S. Halliburton, Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) 8-21-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 15 year 1948 hour 1 minute 43 A M.
21. I hereby certify that I attended the deceased from 8-4, 1948, to 8-15, 1948, that I last saw him alive on 8-15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: INTESTINAL OBSTRUCTION	
Due to: ADHESIONS FOLLOWING COLOSTOMY	
Due to:	
Other conditions: ADENOCARCINOMA OF RECTUM (Include pregnancy within 3 months of death)	
Major findings: Of operations: AS STATED ABOVE	
Of autopsy: ✓	

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury:
23. Signature: Earl Laughlin Jr. (M. D. or other) D.O.
Address: Kirksville Mo Date signed: 8-21-48

Jefferson City Printing Co. (License Embalmer's Statement on Reverse Side)

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

AUG 25 1948

MAR 2 1953

SEP 22 1956

RECEIVED
District Health Officer No. 10
District File Number 8-48-148
Date Filed AUG 23 1948

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, ...

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer, No. 9375

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.