V. S. No. 300
Rev. 10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12818

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL PRAIRIE TWP
c. LENGTH OF STAY (In this place): 2 Mo. 6 Dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JACKSON CO HOME FOR AGED WHITE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 541½ MAIN

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3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): J
c. (Last): McLAUGHLIN

4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 3-19-1898
9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Richmond, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John S McLaughlin
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ___

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: R #4 ADDRESS
JACKSON CO HOME RECORDS INDEP MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ___

DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/8, 1949, *to* 4-10, 1949; *that I last saw the deceased alive on* 4-8, 1949, *and that death occurred at* 2:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J W Greene M D
23b. ADDRESS: Independence Mo
23c. DATE SIGNED: 4/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-13-49
24c. NAME OF CEMETERY OR CREMATORY: Joplin
24d. LOCATION (City, town, or county) (State): Joplin Mo.

DATE REC'D BY LOCAL REG.: 4-12-49
REGISTRAR'S SIGNATURE: Donald C. Earnhart 378
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Parker Funeral Home Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1949

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 ..... Student Embalmer No. .....,

working under my personal supervision.

Signed .....

Signed .....
Student Embalmer

Licensed Embalmer No. 2833

P. O. Address .....

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.