

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23511

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3254

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Miami</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Paola</b>	
c. LENGTH OF STAY (in this place) <b>48 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>604 E. Peoria</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Mc Lachlin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1949</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>October 17, 1870</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired druggist</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Paola Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Henry M. Mc Lachlin</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Alice Dollar</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Maurice Mc Lachlin Bailey, Paola, Kans.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>intestinal obstruction, paralytic ileus</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>apoplexy, cerebral</b> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (c) <b>cardio vascular disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 24, 1949 to July 26, 1949; that I last saw the deceased alive on July 26, 1949, and that death occurred at 7:35P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul E. Pearson M.D.</b> (Degree or title)	23b. ADDRESS <b>1025 Rialto Bldg.</b>	23c. DATE SIGNED <b>7-27-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-29-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>-</b>	24d. LOCATION (City, town, or county) (State) <b>Paola, Kans.</b>
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DATE REC'D BY LOCAL REG. <b>7-27-49</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Roy Wilson &amp; Son Paola, Kans.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 1 3 1949

STATEMENT BY LICENSED EMBALMER

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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.....

*Chas. R. W. [Signature]*

Licensed Embalmer No. ....

P. O. Address.....

*2130 [Signature]*

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.