

Registration District No. **137**

Primary Registration District No. **50-20**

Registrar's No. **235**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Rural, Windsor Twsp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD 4, Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry** **42**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD 4, Windsor** **3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Amelia Wilson Laughlin**

3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex **F** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Jewell Laughlin** **6. (c) Age of husband or wife if alive** **61 years**

7. Birth date of deceased **Sept. 30 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **15** If less than one day hr. min.

9. Birthplace **Benton County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER
12. Name **Alfred Wilson**
13. Birthplace **New York City, N. Y.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucy Hoover**
15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jewell Laughlin**
(b) Address **Windsor, Missouri**

17. (a) Burial **(b) Date thereof** **12-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Winston Dummer**
(b) Address **Windsor, Mo.**

19. (a) 12-20-46 **(b) R. R. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15** year **1946** hour **3:30 A** Mminute _____ M.

21. I hereby certify that I attended the deceased from **12** to **Dec 15**, 19**46**
that I last saw her alive on **Dec 15**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arenoma of Intestines 2 1/2

Due to _____ **40**
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ **46E**
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Winston Dummer** (M. D. or other)
Address **Windsor** **Date signed** **12/26**

DRP DISTRICT 11-K-3759
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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 Eldon W. Kustan

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.