

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 31 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42117

State File No.

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Prairie No. 10
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days
(Specify whether

In this community 8 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Rural - Oak Bureau ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Lake St. Bureau
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Frank McLaughlin

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 single

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

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

7. Birth date of deceased May 14 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 5 1 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Frank McLaughlin

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

14. Maiden name Fauline Ferguson

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

16. (a) Informant Frank McLaughlin

(b) Address P.O. #2 Lees Summit Mo

17. (a) Burial (b) Date thereof 10-17-41
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director R. B. Clark

(b) Address Blue Spring Mo

19. (a) 11-17-41 (b) Dr. J. P. Barnett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1941 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 20, 1941 to Oct. 15, 1941, that I last saw him alive on Oct. 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Terminal uraemia Duration 1 week

Due to Arteriosclerosis & nephrosclerosis

Due to 15462

Other conditions Chronic osteomyelitis
(Include pregnancy within 3 months of death)

Major findings: of left femur

Of autopsy As above noted Also Osteomyelitis of st. ribs.

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 Louis H. Spear, M.D. (M. D. or other)

Address Little Blue Mo Date signed 11-15-41

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

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 RB Winkler

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.