

U.S. No. 2  
DM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27758  
Registrar's No. 255

**FILED** AUG 23 1946

Registration District No. 207 Primary Registration District No. 3043

64  
3  
4

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
705 Lyon St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)

In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 705 Lyon St. 4  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nelle McLaughlin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1946 hour 5 minute 35 P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Kalaon McLaughlin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 15 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 1946 to July 4 1946  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 6 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma R. Lung 3 Mo.  
Due to Carcinoma liver ?

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

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name John Harville 5

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

14. Maiden name Anna Sullivan

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

Major findings: 478  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ms. Ruth Lowrey

(b) Address 321 S. 6th, Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's cemetery

18. (a) Signature of funeral director Ray O. Schwartz

(b) Address 1070 Bluff, Hannibal, Mo.

19. (a) 7-25-46 (Date received local registrar) (b) W. L. Mucke (Registrar's signature)

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 21

23. Signature Gleim R. Miller (M. D. or other) to

Address Hannibal Mo Date signed 7-9-46

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

26390

189

(Licensed Embalmer's Statement on Reverse Side) 1153-5-57-

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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

*Paul Richard Brewer*

Licensed Embalmer No. *4324*

P. O. Address *100 Broadway  
Hannibal, 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.**