

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946
Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37725

State File No. _____

Primary Registration District No. 3043

Registrar's No. 386

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: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 113 5th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL J. McLaughlin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9 year 1946 hour 12 minute 30 P. M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 14 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 9 1946 to July 9 1946
that I last saw him alive on July 9 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months _____ Days 25 If less than one day hr. _____ min. _____

Immediate cause of death Angina pectoris
Due to _____
Due to _____

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

Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings: 94 B
Of operations _____
Of autopsy _____

10. Usual occupation RETIRED

11. Industry or business _____
12. Name JAMES McLaughlin
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name ANNA
15. Birthplace _____
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Miss Mary McLaughlin
(b) Address Hannibal Mo
17. (a) Burial (b) Date thereof July 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. MARY CEMETERY

23. Signature [Signature] (M. D. _____)
Address Dr. J. B. [Signature] Date signed 7/10/46

18. (a) Signature of funeral director [Signature]
(b) Address Hannibal Mo
19. (a) 11-30-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

189 (Licensed Embalmer's Statement on Reverse Side)

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

4
3
4

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *J. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address *Haverhill, 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.