No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 1479

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27815

Registrar's No. 3669

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 West 74th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 219 West 74th Terrace 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dr. Alvah R. McLaughlin
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie E. McLaughlin
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June (Month) 1st (Day) 1886 (Year)

8. AGE: Years 61 Months 2 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace South Canaan, (City, town, or county) Pa. (State or foreign country)
10. Usual occupation Veterinarian
11. Industry or business

FATHER
12. Name George R. McLaughlin
13. Birthplace Wayne County (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Mary L. Swingle
15. Birthplace Wayne County (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Mrs. Minnie E. McLaughlin
(b) Address 219 West 74th Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 26 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Moriah Cemetery
18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street.
19. (a) 8-26-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1947 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 18, 1946 to Dec 6, 1946 that I last saw him alive on Dec 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr
Due to Generalized arteriosclerosis	?
Due to	
Other conditions Rt. Inguinal Hernia (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations 9/4 a
Of autopsy

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury 0

23. Signature Carl H. Reitz (M. D. or other) M. D.
Address 404 1/2 W. 75th Date signed 8-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

10:30 to 11:00