

Primary Registration District No. 1002

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: **Grosse Nursing Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... **6 Months-17 Days**  
(Specify whether  
In this community... **30 Years**  
years, months or days)

3. (a) PRINT FULL NAME **THOMAS COLLINS MC LAUGHLIN**  
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... **Widowed**  
6. (b) Name of husband or wife... **Anna E. McLaughlin**  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... **December 13th, 1862**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**85 1 8** hr. min

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

10. Usual occupation... **Retired**

11. Industry or business  
12. Name... **Unknown**  
13. Birthplace... **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name... **Unknown**  
15. Birthplace... **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mr. C. E. McLaughlin**  
(b) Address... **460 East 55th. Street**  
17. (a) **Cremation**  
(Burial, cremation, or removal) (b) Date thereof... **1 - 23 - 1948**  
(Month) (Day) (Year)  
(c) Place: burial or cremation... **Elmwood Crematory**

18. (a) Signature of funeral director... **Freeman Mortuary & Chapel**  
(b) Address... **42nd. St. & Mill Creek Parkway**  
19. (a) **1-23-48**  
(Date received local registrar) (b) **Sheraldine Holmes**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... **Missouri** (b) County... **Jackson**  
(c) City or town... **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No... **460 East 55th. St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **January** day **21st.**  
year **1948** hour **2:40** minute **P.M.**

21. I hereby certify that I attended the deceased from **several years** to **Jan 21, 1948**  
(that I last saw him alive on **Jan 21, 1948**  
and that death occurred on the date and hour stated above.)

Immediate cause of death... **Coronary Thrombosis**  
Due to... **Hypertension - age etc**  
as above

Other conditions... **no**  
(Include pregnancy within 3 months of death)

Major findings... **no 94a**  
Of operations  
Of autopsy... **no**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence... **no**  
Where did injury occur? **no**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? **no** (Specify type of place)  
(e) Means of injury

23. Signature... **[Signature]** (M. D. or other)  
Address... **928 Argyle Bldg** Date signed **1/23/48**

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause of 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. H. Freeman*  
Licensed Embalmer No. 2939  
P. O. Address K. C. 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.

9200  
Angela B. Bell