

FILED JAN 9 1946

Registration District No. 298

Primary Registration District No. 6023

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: _____
(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 MO

(b) County Ray

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Walter Lee McLaugh

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
4-14-45 19____ to 12-20-45 19____;
that I last saw h. im alive on 12-20-45 19____;
and that death occurred on the date and hour stated above.

4. Sex M.O

5. Color or race wh

6. (a) Single, widowed, married, divorced married

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

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

7. Birth date of deceased Oct 23 1867
(Month) (Day) (Year)

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>2</u>	<u>4</u>	hr. _____ min.

9. Birthplace MO - Ray Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Marion McLaugh

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

14. Maiden name Mary Elizabeth Sinden

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

16. (a) Informant John M. Sanga

(b) Address Polo Mo

17. (a) Burial (b) Date thereof: 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayville MO

18. (a) Signature of funeral director W. Spangh Cowley

(b) Address Polo Mo

19. (a) 12-31-45 (b) M. Sanga
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy ASA

PHYSICIAN _____
Underline the cause to 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? _____

23. Signature W. Spangh Cowley (M. D. XXXXX)

Address Richmond, Mo. **Date signed** 12-29-45

1143

RECEIVED

District Health Officer No. B.

District File Number.....

Date Filed 1-9-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.