S. No. 2
M—8-43
7. 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

36822
State File No.

FILED DEC 8 1945

Registration District No. 53 Primary Registration District No. 3510 Registrar's No. 391

16
14

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1417 Themis Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County Cape Girardeau
(c) City or town ~~Oriole~~ CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 1417 Themis st
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John William McLaughlin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida Noland
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 19th (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
71	7	5	hr. min.

9. Birthplace Neelys Landing (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name James McLaughlin
13. Birthplace Don't Know (City, town, or county) unk (State or foreign country)

MOTHER
14. Maiden name Sarah Watkins
15. Birthplace Don't Know (City, town, or county) unk (State or foreign country)

16. (a) Informant Mrs. S. P. Neal
(b) Address Cape Girardeau, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-1945 (Month) (Day) (Year)
(c) Place: burial or cremation McLains Chapel Cemt.
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 12-4-45 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th year 1945 hour 1 minute Am. M.
21. I hereby certify that I attended the deceased from Jan 1 1943 to Nov 24 1945, that I last saw him alive on Nov 24 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs.
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Cape Girardeau Date signed 12/3/45

1509 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. Y

District File Number 1245-140

Date Filed 12-6-45

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

Lee Townes, Registered Apprentice No. 376

working under my personal supervision.

Signed L. L. Townes

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Missouri

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.