

DEC 6 FEB 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1718

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Wayne Primary Registration District No. 5128 Registered No. 5
 (c) City Halls (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida May Vaughn

(a) Residence, No. _____ St. Halls, Missouri.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Vaughn		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1874		
7. AGE	YEARS 64	MONTHS 3
	DAYS 17	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Rushville Missouri	
FATHER	13. NAME Samuel Parker	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio	
MOTHER	15. MAIDEN NAME Mary Jane Wilson	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville Missouri	
17. INFORMANT (ADDRESS)	Thomas Vaughn Halls, Missouri. R.F. D.#1	
18. BURIAL, CREMATION, OR REMOVAL PLACE Rushville, Mo. DATE Jan. 17 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer 1302 Parson St. St. Joseph, Mo.		
20. FILED Jan. 17 1939 Myrtle M. Hanson Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 15, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15 1939**, to **Jan 15 1939**
 I last saw h. or alive on **Jan 15 1939** Death is said to have occurred on the date stated above, at **1:30P.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
General Arterio Sclerosis years
 Date of onset **1-15-39**

Other contributory causes of importance:
General Arterio Sclerosis years

Name of operation **none** Date of _____
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____
 (Signed) **S. E. Meloney**, M. D.
 (Address) **Ballinger Bldg. St. Joseph, Mo.**

5018

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, Yes

Wilbur H. Kelly

or by

Registered Apprentice No., working under my personal supervision.

Signed

W. H. Kelly

Licensed Embalmer No. Mo. 4639

P. O. Address 1802 Faraon St. St. Joseph

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, above space should be left blank.