

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OLD JUN 14 1939
741

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

Do not use this space.

18094

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. State Hosp # 2)

File No. _____
Registered No. 538
St. _____ Ward. _____

2. FULL NAME

(a) Residence, No. Lee's Summit, Mo Ward. Lee's Summit Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
52 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) (Pink) Missouri

FATHER 13. NAME John W. Vaught

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Pink) Missouri

MOTHER 15. MAIDEN NAME Bernettie Hudgens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Pink) Missouri

17. INFORMANT (ADDRESS) Records State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. DATE May 24, 1939

19. UNDERTAKER (ADDRESS) P. W. Newcomer Sons, 146 1/2 Brush Creek, Kansas City Mo.

20. FILED May 22, 1939 H. J. Nestlebury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to May 27, 1939. I last saw her alive on May 21, 1939. Death is said to have occurred on the date stated above, at 12:59 a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis April '37
Dementia Praecox July '33

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Chit'hab 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. H. Cosseth, M. D.

(Address) State Hosp. No 2

STATEMENT BY LICENSED EMBALMER

I, McNewcomer Jr., Licensed Embalmer No. 4043
herby certify that the body recorded on the reverse side of this
Certificate was embalmed by McNewcomer Jr.
or by _____, Registered Apprentice No. _____

Signed McNewcomer Jr.
Licensed Embalmer No. 4043

NOTE: The above statement is required by THE LICENSED EMBALMERS ACT
(Failure to comply with this act is a violation of the law.)