

AUG 16 1939

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

26169

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 502
(b) Township Mooreville Primary Registration District No. 5679 Registered No. 5
(c) City or Mooreville (d) Street No. 3 miles N. E. Mooreville, Mo. 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 Ira Daniel Vaughn

(a) Residence, No. 3 miles N. E. Mooreville, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county of city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Samsel
(STATE OR COUNTRY) Missouri

FATHER 13. NAME J. M. Vaughn

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

MOTHER 15. MAIDEN NAME Kate Bell

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

17. INFORMANT Ira F. Vaughn
(ADDRESS) R. F. D. Mooreville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE 7-8 1939

19. FUNERAL DIRECTOR (NAME) F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED July 7, 1939 Hazel Stamp 457 (Address) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 193922. I HEREBY CERTIFY, that I attended deceased from May 1, 1939 to July 2, 1939

I last saw him/her alive on July 2, 1939. Death is said to have occurred on the date stated above, at 12 h m.

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

Paralysis & gangrene Date of onset 7/1/39
12 h

Other contributory causes of importance:

Partially paralyzed
of both legs & arms
4 years

Name of operation _____ 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? _____ 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) E. J. Offense M. D.Local Registrar

RECEIVED

District Health Officer No. 17,

District File Number 839-1063

Date Filed AUG 14 1939

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.....

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.....

working under my personal supervision.

Signed Elton F. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.