

SEP 1 1939

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

29663
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 1040
(b) Township Miller Primary Registration District No. 6276 Registered No. 7
(c) City near Dixon (d) Street No. _____
(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 13 yrs. X mos. Y ds. (f) How long in U. S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME

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

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 Charles Hood Vaughan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1896, March 1
7. AGE YEARS 43 MONTHS 5 DAYS 23 If LESS than 1 day, 4 hrs. or 4 min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) August, 1939 11. Total time (years) spent in this occupation 24
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri
13. NAME Wash Stokes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Sarah Ann Bernhart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no.
17. INFORMANT (ADDRESS) Charles Hood Vaughan Dixon, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE CRISMON DATE 8/25 39
19. FUNERAL DIRECTOR (ADDRESS) Fred H Gilbert Dixon, Mo.
20. FILED 8-26-1939 CW Winkelman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from August 22, 1939, to August 23, 1939
I last saw her alive on August 23, 1939. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:
Hyperthyroidism Date of onset 1936
Pulmonary abscess of unknown etiology Aug 10-1939
Other contributory causes of importance: Acute cholecystitis Aug 21-1939
Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? no.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19X
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X
24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____
(Signed) Donley L. L...
(Address) Brinktown, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Fred W. Giller, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ not embalmed by _____

L. E. _____

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____
Signed Fred W. Giller

Licensed Embalmer No. 7341

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.)