

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

3343
 Do not use this space.

FILE FEB 7 1940

1. PLACE OF DEATH

(a) County Pettis / Registration District No. 668
 (b) Township _____ Primary Registration District No. 3039 Registered No. 41
 (c) City Sedalia Mo (d) Street No. Hospital # 2 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 Mary Vaughn
 (a) Residence, No. 1225 W Second 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Don't Know

FATHER

13. NAME Don't Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Carrie Litzberg
 (ADDRESS) 1225 W Second

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sedalia DATE Jan 26 1940

19. FUNERAL DIRECTOR (NAME) Price Alexander
 (ADDRESS) 400 W Cooper St

20. FILED Jan 26 1940 Miss Harry Sneed
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-40 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-1-40 19 to 1-21-40 19
 I last saw her alive on 1-21-40 19 . Death is said to have occurred on the date stated above, at 12P. m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
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Date of onset _____

Other contributory causes of importance:
Second degree burn of left arm. (Nephritis)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 1-1 1940
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In Home
 Manner of injury Matress caught fire.
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) A. P. Madson, M. D.
 (Address) 116 S.W. Main

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.

RECEIVED
District Health Officer No. 8,
District File Number
27/40
Date Filed

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,

Ric Alexander

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Ric Alexander*

Licensed Embalmer No. *3572*

P. O. Address *400 W Cooper*

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.