

Registration District No. 289

Primary Registration District No. 4-173

Registrar's No. 11

1. PLACE OF DEATH: Dublin
 (a) County Dublin
 (b) City or town Malden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME RAYMOND DELACROIX VAUGHAN
 3. (b) If veteran. _____ 3. (c) Social Security name war _____ No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 25 1940
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>4</u> hr. <u>50</u> min.

9. Birthplace Malden MO
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name RAYMOND EVERETT VAUGHAN
 18. Birthplace Malden MO
 (City, town, or county) (State or foreign country)
 14. Maiden name HAZEL MARY MAE BEER
 15. Birthplace Randolph Co Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Vaughan
 (b) Address Malden MO

17. (a) Burial (b) Date thereof 2-27-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Malden

18. (a) Signature of funeral director Craig
 (b) Address Malden MO

19. (a) 2/27/1940 (b) S. Mitchell
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Malden (b) County Dublin
 (c) City or town Malden
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 26
 year 1940 hour 10 minute # A. M.

21. I hereby certify that I attended the deceased from Feb. 25, 1940 to Feb. 26, 1940:
 that I last saw him alive on Feb 25, 1940:
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth (159) 1 day
 Duration

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: none
 Of operations _____
 Of autopsy: none

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature H. D. Davis (M. D. or other) D.
 Address Malden Date signed 2/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

35
8
6

RECEIVED

District Health Officer No. 2,

District File Number 340-725

Date Filed 3/11/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.