

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20869**

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **2486**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2417 East 22nd St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Unknown
years, months or days)

8. (a) PRINT FULL NAME Sallie Vaughn
8. (b) If veteran, name war None
8. (c) Social Security No. None

4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1, 1868
(Month) (Day) (Year)

8. AGE:
 Years 72 Months 1 Days 15
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Av Home

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nehemiah Parker
(b) Address 2417 East 22nd St.

17. (a) removal **(b) Date thereof** 6/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weston, Missouri

18. (a) Signature of funeral director Mathew Bros
(b) Address 1729 Lydia

19. (a) June 17, 1940 **(b)** M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2417 East 22nd Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16
 year 1940 hour 2 minute 21 P. M.

21. I hereby certify that I attended the deceased from 6-13-1940 to 6-16-1940
 that I last saw him alive on 6-16-1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute myocarditis
Senility
Due to _____
Due to _____
Other conditions none
(include pregnancy within 5 months of death)

Major findings:
 Of operations _____
 Of autopsy no

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?

23. Signature S. J. Vaughn **(M. D. or other)**
Address 2417 East 22nd St **Date signed** 6-17-40
(Specify type of place) (b) Means of injury

Duration

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

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

Isaac Jerome Wendover

Licensed Embalmer No.

3994

P. O. Address

1120 E 23rd St

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.