

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 165

Primary Registration District No. 5230

Registrar's No. 98

1. PLACE OF DEATH:
 (a) County Cedar
 (b) City or town Jefferson Rural
 (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 Ruth Ellen Vaughan 250
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____
 alive _____ years
 7. Birth date of deceased Feb. 22 - 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 2 If less than one day _____
 hr. _____ min. 0

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

10. Usual occupation _____

11. Industry or business _____
 MOTHER FATHER { 12. Name Carl Vaughan
 13. Birthplace Cedar County, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mrs. Hutchison
 15. Birthplace Polk County, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl Vaughan
 (b) Address Stockton, Mo.
 17. (a) Ludley Krasie (b) Date thereof 7-26-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ludley Krasie
 18. (a) Signature of funeral director M. C. Slavin & Co.
 (b) Address Stockton, Mo.
 19. (a) 7-28 (b) Mrs. Minnie Carleton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cedar
 (c) City or town Stockton, Mo. R.
 (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 July day 26
 year 1940 hour _____ minute 6 A. M.
 21. I hereby certify that I attended the deceased from July 22 to July 26, 1940
 that I last saw her alive on July 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Enterocolitis Ada
 Due to Contaminated milk
 Due to _____
 Other conditions Remotely
 (include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
 Of operations _____
 Of autopsy _____
 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? 935
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature Jessie Roberts (M. D. or other) _____
 Address Stockton Mo Date signed 7-27-40

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.....

not Embalmed

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.