

BUREAU OF THE CENSUS  
AUG 10 1940

Registration District No. 222

Primary Registration District No. 14-35

Registrar's No. 12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
REASON RESERVED FOR BINDING

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.

1. PLACE OF DEATH:

(a) County COOPER Twp

(b) City or town PILOT GROVE (RURAL)

(c) Name of hospital or institution:  
10 miles west on Highway 40 C3

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME HENRY CLAY VAUGHAN 250

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

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 MARCH 27 1923

8. AGE: Years 17 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SEDALIA MISSOURI

10. Usual occupation AT SCHOOL

11. Industry or business SCHOOL

MOTHER FATHER

12. Name M. C. VAUGHAN

13. Birthplace LUPUS MISSOURI

14. Maiden name BERTHA WALKER

15. Birthplace MONITEAU COUNTY MISSOURI

18. (a) Informant's own signature M. C. Vaughan

(b) Address 2400 S. 7th St. Boonville, Mo.

17. (a) BURIAL (b) Date thereof JULY 14 1940

(c) Place: burial or cremation LUPUS MISSOURI

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) July - 14 - 1940 (b) Mrs. E. B. McPuteh

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

(c) City or town SEDALIA

(d) Street No. 1800 SOUTH STEWART

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1940 hour about 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from not attended

that I last saw h - alive on not seen alive and that death occurred on the date and hour stated above.

Immediate cause of death Punctured lungs ruptured spleen and ruptured kidneys.

Due to an accidental collision with an auto truck while riding in an automobile

Other conditions \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Punctured lungs - ruptured spleen and ruptured kidneys.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 12 1940

(c) Where did injury occur? RFD Boonville Cooper Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on a public highway no. 40.

While at work? no (e) Means of injury struck by an auto truck while riding in an automobile.

23. Signature J. C. Fincher M.D. (M. D. or other) \_\_\_\_\_

Address Boonville Mo Date signed July 12 1940

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-7-40

**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 James W. Stegner  
Licensed Embalmer No. 3780  
P. O. Address Boonville, Mo.

**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.**