

SEP 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28670

Registration District No. 386 Primary Registration District No. 533P Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Rural, Houston Twp
(c) Name of hospital or institution: Leota 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether years, months or days) 251

3. (a) PRINT FULL NAME Joseph Sherwood Vaughan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 3 / 8 / 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Palca, Marietta, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name Sherwood Vaughan
13. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Fizzie Spurgeon
15. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse S. Vaughan
(b) Address Leota, Mo.

17. (a) Burial (b) Date thereof 9/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tree Union

18. (a) Signature of funeral director None 344
(b) Address _____

19. (a) 9-2-40 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell
(c) City or town Leota
(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 25
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 7-25, 1940 to 7-25, 1940
that I last saw him live on 7-25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Flu
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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) (e) Manner of injury _____
23. Signature L. E. Koe (M. D. or other) 1
Address Viola Ark Date signed 7-31-40

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

6

RECEIVED

District Health Officer No. 5,

District File Number 940900

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, 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.