

FILED OCT 18 1940

Registration District No. 294 Primary Registration District No. 54091 Registrar's No.

1. PLACE OF DEATH:
 (a) County: Franklin
 (b) City or town: Rural Central Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Franklin
 (c) City or town: Rural, Central Twp
(If outside city or town limits, write "RURAL")
 (d) Street No.:
(If rural, give location)
 (e) Foreign born, how long in U. S. A.?

In this community 78 yrs - 8 mo - 20 da
years, months or days
 3. (a) PRINT FULL NAME: William J Vaughan
 3. (b) If veteran, name war: us
 3. (c) Social Security No.: us

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 30
 year 1940 hour 5 minute 100 M.
 21. I hereby certify that I attended the deceased from 9-27 1940 to 9-30 1940
 that I last saw him alive on 9-27 1940
 and that death occurred on the date and hour stated above.

4. Sex: male
 5. Color or race: W
 6. (a) Single, widowed, married, divorced: widow
 6. (b) Name of husband or wife:
 6. (c) Age of husband or wife if alive: 4 years

Immediate cause of death:
Acute Ulcerative Colitis

7. Birth date of deceased: July - 10 1862
(Month) (Day) (Year)
 8. AGE: Years 78 Months 8 Days 20
If less than one day hr. min.

Duration: 3 days
 Due to:
 Due to:
 Other conditions: ✓
(Include pregnancy within 3 months of death)

9. Birthplace: Franklin, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: farmer

12. Name: William Vaughan

18. Birthplace: Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Wathkins

15. Birthplace: Mo - Keosau
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Harry W Hepl

(b) Address: 3627a Mc Red arc

17. (a) Rural (b) Date thereof: 10-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mo - Keosau

18. (a) Signature of funeral director: Sherrill Kitebell
 (b) Address: St Clair, Mo

19. (a) Oct. 9, 1940 (b) W. H. Duckworth
(Date received local registrar) (Registrar's signature)

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) Means of injury:
 23. Signature: W. E. Kitebell (M. D. or other):
 Address: St Clair Mo Date signed: 10/2/40

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 *Sherwood Kitchell*

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, 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.