

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 187

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St Charles  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital St Charles Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
Specify whether \_\_\_\_\_

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

3. (a) PRINT FULL NAME CHARLES THOMAS VAUGHN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: April 26 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation: Farmer

11. Industry or business \_\_\_\_\_

12. Name: Richard Vaughn

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

14. Maiden name: Catherine Frances Vaughn

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

16. (a) Informant: Sarah Vaughn

(b) Address: Troy Mo

17. (a) Burial (b) Date thereof: Oct 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sulphur Lick Cem.

18. (a) Signature of funeral director: Wayne Mc Coy

(b) Address: Troy Mo

19. (a) 10-27-40 (b) Glarence F. Weese  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town: Troy  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
year 1940 hour 4:55 PM minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct 18, 1940, to Oct 20, 1940  
that I last saw him alive on Oct 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: none  
(Include pregnancy within 3 months of death)

Duration 1 wk

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

(a) Means of injury \_\_\_\_\_

23. Signature: B L Newboser (M. D. or other) MD  
Address: St Charles Mo Date signed 10/22/40

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.....

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.