

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38614**
Registrar's No. _____

Non District No. 288

FILED **DEC 12 1940**
Primary Registration District No. 4172

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

1. PLACE OF DEATH: **Dunklin**
(a) County Dunklin
(b) City or town Kennett Mo
(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 _____
(Specify whether _____)
In this community _____
years, months or days) 3

3. (a) PRINT FULL NAME Daniel Everett Vaughn
3. (b) If veteran, name war _____
3. (c) Social Security No. 89-12-3456

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Vaughn
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 4 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Morganfield Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____
MOTHER FATHER { 12. Name D. C. Vaughn 9
13. Birthplace Don't Know Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know Don't Know
15. Birthplace Don't Know Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Conway Vaughn
(b) Address 47 N. Broadway, St. Louis Mo

17. (a) Burial (b) Date thereof 10-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Leitz Funeral Co
(b) Address Kennett Mo

19. (a) 11-14-40 (b) Walter Doores
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. h. d.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1940 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10-19-
1940 to 10-22- 1940
that I last saw him alive on 10-22- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcal meningitis Duration _____
Due to St. ruffens Middle lobar pneumonia
Due to _____

Other conditions (Include pregnancy within 3 months of death) 10/8

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
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? 26!

(Specify type of place) _____
(a) While at work (b) Means of injury _____
23. Signature J. H. Keyser (M. D. or other) _____
Address Kennett, Mo Date signed 11-13-40

RECEIVED

District Health Officer No. 2

District File Number 1240-1818

Date Filed 12/12/40

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 A. P. Lundell

Licensed Embalmer No. 818

P. O. Address Kennett 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, fact should be so stated above.**