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13-40
7-39
X23109

JAN 20 1941 477

Primary Registration District No. 200

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural Union Township
(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 Life _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1940 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from June, 1940, to December, 1940
that I last saw him alive on October, 1940
and that death occurred on the date and hour stated above.

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

Duration
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)
(e) Means of injury _____
23. Signature Dr. W. B. Radson (M. D. or other) _____
Address La Grange, Mo. Date signed 12/7/40

3. (a) PRINT FULL NAME James R. Vaughn

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 Widowed

6. (b) Name of husband or wife Mollie Vaughn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 6th, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Lewis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Vaughn

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Susael Noel

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

16. (a) Informant Roberts Vaughn
(b) Address La Grange, Mo.

17. (a) Burial (b) Date thereof Dec. 9th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover

18. (a) Signature of funeral director M. Roberts Vaughn
(b) Address La Grange, Mo.

19. (a) Dec. 9 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-195

Date Filled JAN 16 1944

STATEMENT BY LICENSED EMBALMER

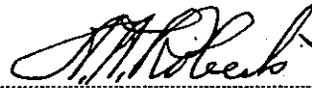
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A. A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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.