

FILED MAR 14 1941 99

State File No. \_\_\_\_\_  
Registrar's No. 652

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2740 Gilham Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 15 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 5  
(If outside city or town limits write "RURAL") 0  
(d) Street No. 2740 Gilham (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? 38 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Jan 7 1941  
2/10 1941  
to \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on 2/10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach  
Known for 6 mo  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 4/6  
(Include pregnancy within 3 months of death)

Major findings: Ca of stomach  
Of operations inoperable  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Herbert Vaughan

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 8-22-1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 5 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Terre Haute, Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Miller

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

12. Name John Vaughan

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

14. Maiden name Mary O. Haven

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

16. (a) Informant Mrs. Ralph Benton  
(b) Address 2740 Gilham Road

17. (a) Burial (b) Date thereof 2-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost

19. (a) 2/13/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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 J. J. [unclear] (M. D. or other) \_\_\_\_\_  
Address 330 Prof. Bldg Date signed 2/12/41

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

998

Mr. J. J. Tarnsworth Va 24th St  
Professional Bldg

**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

*Gary Buffington*

Licensed Embalmer No. *2756*

P. O. Address *102 5th*

**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.