

240
39
23159

MAR 14 1941
Registration District No. 26

Primary Registration District No. 3002

State File No. _____

Registrar's No. 25-

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution Andrew Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
Specify whether

In this community 4 years
years, month or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) **PRINT FULL NAME** HETTIE MALINDA VAUGHN

3. (b) If veteran, name war _____

3. (c) Social Security No. 2262

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1941 hour 9:25 minute AM

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive 15 years
(Day) (Year)

7. Birth date of deceased Oct 15 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3, 1941, to Feb 5, 1941, that I last saw her alive on Feb 5, 1941, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>20</u>	hr. min.

Immediate cause of death Pulmonary edema

Due to Chronic Hypertension

Due to Chronic Hepatitis

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

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings: none

Of operations _____

Of autopsy no autopsy

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William Adams

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

14. Maiden name Elizabeth Kinsler

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

16. (a) Informant Mrs. Claude Reeves

(b) Address Varadine, Mo.

17. (a) Burial (b) Date thereof Feb 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Wesley M. 23

(b) Address and also

19. (a) Feb 6 1941 (b) Blanche Reeb
(Date received local registrar) (Registrar's signature)

23. Signature Albrahear (M. D. or other) MD.

Address Mexico, Mo Date signed 2/5/40

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-597

Date Filed MAR 10 1941

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 Wm B Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.