FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10427
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton Registration District No. 210 24
(b) Township Primary Registration District No. 5289 Registered No. 6
or
(c) City Hemple (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALEXANDER LESTER VAUGHN
(a) Residence, No. Clinton Co. Mo. Rural
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Price
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1854
7. AGE YEARS 86 MONTHS 8 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Alexander Vaughn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Phoebe Nickerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Ed. L. Vaughn Weston Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. St Joseph Mo. DATE Mar. 8, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. R. Vaughn Weston Mo.
20. FILED Mar. 8, 1941 Mrs. John Kay. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1941
22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1941, to Mar 5, 1941
I last saw him alive on Mar 15, 1941 Death is said to have occurred on the date stated above, at 10 15 P.M.
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis

9212

Date of onset

Other contributory causes of importance:
Pulmonary congestion

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ..... —
Nature of injury ..... —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G. F. Kimball M. D.
(Address) Easton Missouri

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor...

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

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

If this body is not embalmed, above space should be left blank.