

S. No. 2
1-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22999

State File No. _____

Registration District No. FILED JUL 23 1941

Primary Registration District No. 453A

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County WASHINGTON

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

(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON

(c) City or town POTOSI 110
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME EMILY VAUGHN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife THOMAS VAUGHN

6. (c) Age of husband or wife alive _____ years

7. Birth date of deceased JUNE 27th 1855
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19th year 1941 hour 1 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 18, 1941, to July 19, 1941, that I last saw her alive on July 18, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 22 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace CALEDONIA 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Immediate cause of death Fracture of left hip

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name JOHNSON MATHEWS

13. Birthplace 0 Mo.
(City, town, or county) (State or foreign country)

14. Maiden name JAMIMA EVANS

15. Birthplace 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANDREW JOHNSON

(b) Address POTOSI, MO.

17. (a) BURIAL (b) Date thereof 7-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POTOSI

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address POTOSI, MO.

19. (a) July 21-41 (b) G.F. Beames
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 17-1941/11A

(c) Where did injury occur? Potosi, Washington, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? Yes (Specify type of place) _____ (e) Means of injury Fell on floor

23. Signature Joseph L. Thurman (M. D. or other) _____
Address Potosi, Mo. Date signed 7-19-41

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address PO Box 1 MG.

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.