

FILLED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34273

Registration District No. 11

Primary Registration District No. 4040

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Ashland
(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.
In this community 4 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Ashland
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1941 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 1
1939 to Sept 26 1941
that I last saw alive on Sept 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Pulmonary tuberculosis
Due to
Due to

Duration

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

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 H. B. Pryor (M. D. or other)
Address Ashland Mo Date signed 9-22-41

3. (a) PRINT FULL NAME Ernest M. 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 Married

6. (b) Name of husband or wife Florence Vaughn 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Feb 18 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 10
If less than one day hr. min.

9. Birthplace 1 Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John H. Vaughn

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

14. Maiden name Esther Boston

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

16. (a) Informant Florence Vaughn

(b) Address Ashland Mo

17. (a) Burial (b) Date thereof 9-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Fork ent.

18. (a) Signature of funeral director Paul J. Brunst

(b) Address Ashland Mo

19. (a) Oct 10, 41 (b) Frances Theale
(Date received local registrar) (Registrar's signature)

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

1000

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.....
(Not Embalmed)....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W^m L. Burnett*.....

Licensed Embalmer No. *3564*

P. O. Address *Ashland 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.