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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39641

Registration District No. 821

Primary Registration District No. 4558

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Sikeston General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 0720

(a) State Missouri (b) County New Madrid

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

(d) Street No. Matthews Mo. South
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME - Unnamed Vaughan

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 1941 hour _____ minute 10 P.M.

21. I hereby certify that I attended the deceased from 11-3, 1941, to 11-3, 1941
that I last saw him alive on 11-3, 1941
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 11-2-41
(Month) (Day) (Year)

Immediate cause of death Presumptively due to Chronic Malaria 2 day
Duration _____

8. AGE: Years _____ Months _____ Days 2 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

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

Major findings: Of operations no 159

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name J. D. Vaughan

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

14. Maiden name Norma Butler

15. Birthplace Matthews MO
(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) suicide

(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? _____

16. (a) Informant J. D. Vaughan

(b) Address Matthews MO

17. (a) (Burial, cremation, or removal) _____

(b) Date thereof 11/5/41
(Month) (Day) (Year)

(c) Place: burial or cremation Keown rd

While at work? _____
(Specify type of place)

(e) Means of injury 10

23. Signature M. C. Anderson (M, D. or other) _____
Address Sikeston Date signed 11/4/41

18. (a) Signature of funeral director W. H. White

(b) Address Sikeston Mo

19. (a) 11-4-41 (b) W. H. White
(Date received local registrar) (Registrar's signature)

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.....

Hunter Albritton

Licensed Embalmer No..... 4210.....

P. O. Address..... Sikeston 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.