7. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1635

Registration District No. 40 Primary Registration District No. 4024 Registrar's No.

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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 (Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Allison 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 Bertha Vaughn
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 11th, 1867 (Month) (Day) (Year)
8. AGE: Years 74 Months 6 Days 6 If less than one day hr. min.
9. Birthplace ??????? (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Bertha Vaughn
(b) Address Lamar, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery
18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.
19. (a) Jan 17 1942 (Date received local registrar) Mrs Josephine Mynatt (Registrar's signature)
40

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 17th year 1942 hour 6 minute 15A M.
21. I hereby certify that I attended the deceased from Jan 10 1942 to Jan 17 1942 that I last saw him alive on Jan 14 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 week
Due to auricular fibrillation and	
Due to Cardiac decompensation	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 96a	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Tom T. Bickel (M. D. or other) MD
Address Lamar, Mo Date signed Jan 17 '42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 242-162
Date Filed FEB 5 1942

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 P. W. Pierce

Licensed Embalmer No. 3141

P. O. Address Lamar 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.