

Registration District No. 3382

Primary Registration District No. 2001

Registrar's No. 89

39
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1701 S. KIM BROUGH
(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

3. (a) PRINT FULL NAME ALICE C. VAUGHN.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE Color or race WHITE

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec 1864 years (Month) (Day) (Year)

7. Birth date of deceased Oct 1 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business In home

12. Name Benjamin F. Johnson

13. Birthplace Unknown (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mary Johnson

(b) Address St. Louis Mo.

17. (a) Funeral (b) Date of death Feb 3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Mo.

18. (a) Signature of funeral director W. H. Hughes & Co.

(b) Address Springfield, Mo.

19. (a) Feb 2 1942 (b) J. S. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. 1701 S. Kimbrough
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1942 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 17 1941, to February 1 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive jaundice Duration 4 mo.

Due to Biliary Calculus in Common Bile Duct 4 mo.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 126

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)

(c) Means of injury 0

23. Signature Hemeth Coffey M. D. or other _____

Address Springfield, Mo. Date signed 3-2-42

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.

William J. Jones
4071
Springfield