

Registration District No. 408

Primary Registration District No. 3020

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
723 W Chestnut St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 42 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 723 W Chestnut St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ellen Vaughn

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jasper 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Sept. 28 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Platt City Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Grocer

MOTHER FATHER { 12. Name James E Gardner  
13. Birthplace St Joseph Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elza Darley  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G E Banister

(b) Address Carthage Mo.

17. (a) Burial (b) Date thereof Feb. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Feb. 26, 1942 (b) Elisabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-25 day 25  
year 42 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1938  
19\_\_\_\_ to 2-25-1942  
that I last saw her alive on 2-25-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Due to Chronic nephritis

Due to 1318

Other conditions Senility, Adema,  
(Include pregnancy within 3 months of death)  
Cardiac degeneration, Degenerative

Major findings: Of operations of liver

Of autopsy Fatty degeneration of myocardium & of liver, nephritis,

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W Russell Smith (M. D. or other) M.D.  
Address Carthage, Mo Date signed 2-26-42

42-2-136

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**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 Emm. R. Stuebel

Licensed Embalmer No. 391

P. O. Address Carthage

**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.**