

No. 2
1-4-41
17-39
X28390

FILED MAR 11 1946

State File No.

Registration District No. 469

Primary Registration District No. 5683

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State San (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 days (Specify whether years, months or days)

In this community 77 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. 401 W. 4th St (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 8th

year 1942 hour 4:30 minute 2 M.

21. I hereby certify that I attended the deceased from Nov. 24 1941 to Feb 8 1942

that I last saw her alive on Feb 7 1942

and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tbc - About 10 mos.

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 136'

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) (c) Means of injury

23. Signature Esther E. Coffman (M. D. or other)

Address No State Sanatorium St. Vernon Mo. Date signed 2-8-42

3. (a) PRINT FULL NAME Lena Katherine Barnwell Vaughn

3. (b) If veteran, name war No

3. (c) Social Security No. 487-12-4985

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

6. (b) Name of husband or wife Lee Vaughn 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased: Oct 27 1920 (Month) (Day) (Year)

8. AGE: Years 21 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name of father Robert Franklin Barnwell

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

14. Maiden name Esther Frances Stells

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

16. (a) Informant Mr. Michael Reed Clerk

(b) Address Missouri State San

17. (a) Reburied (Burial, cremation, or removal) (Date thereof) Feb 8-42 (Month) (Day) (Year)

(c) Place: burial or cremation Polla Mo

18. (a) Signature of funeral director Full funeral dir

(b) Address Polla Mo

19. (a) Feb 18 (Date received local registrar) (b) Esther E. Coffman (Registrar's signature)

1182

MAR 12 1942

RECEIVED

District Health Officer No. 6,

District File Number 342-284

Date Filed MAR 10 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.....

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.