

No. 2  
4-13-40  
5-17-39  
-1 X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14660

State File No. \_\_\_\_\_

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 160

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

1. PLACE OF DEATH: Jasper

(a) County Jasper

(b) City or town Joplin City

(c) Name of hospital or institution: 1802 Sergeant

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret King Vaughan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Sherman Vaughn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 17, 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	1	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John McDonald

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

14. Maiden name Narcissa Barcus Harbin

15. Birthplace Unknown 4 son (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. B. Childs (b) Address 1802 Sergeant, Joplin, Mo.

17. (a) Burial (b) Date thereof 4-20-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Parker-Hunsaker (b) Address Joplin, Missouri

19. (a) 4-20-42 (b) *Gertie D. Dusholter* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Joplin 5

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

(d) Street No. 1802 Sergeant 6 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 2:00 minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1942, to \_\_\_\_\_ 1942, that I last saw him alive on \_\_\_\_\_ 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: *Remnant of tuberculosis*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature: *L. R. Wolf* (M. D. or other) \_\_\_\_\_ Address: *Joplin Mo* Date signed: *4/20/42*

Duration

*many yrs*

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

(Licensed Embalmer's Statement on Reverse Side)

12.4.412

**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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.**