

FILED MAY 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17886

State File No. _____

Registration District No. 290

Primary Registration District No. 5408

Registrar's No. 13

1. PLACE OF DEATH

(c) County Dunklin
(b) City or town Callins Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Rural 35
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 12, 1942 to April 14, 1942
that I last saw her alive on April 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Thalassaemia abundant
Duration _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 28d

Major findings:
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)
(d) Means of injury _____
23. Signature Ray E. Spindel (M. D. or other) MD
Address Sevath, Mo. Date signed 4-14-42

3. (a) PRINT FULL NAME Virginia Lee Vaughn
3. (b) If veteran, name war Chief 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Nov, 3rd, 1911
(Month) (Day) (Year)

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

9. Birthplace Sevath 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Floyd Lee Vaughn

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

14. Maiden name Ruth Pauline Duke

15. Birthplace Jenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Pauline Vaughn
(b) Address Sevath Mo

17. (a) Burial (b) Date thereof Apr 15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Graw Cemetery

18. (a) Signature of funeral director Ray E. Spindel
(b) Address Sevath, Mo.

19. (a) 4-15-42 (b) Raymond Spindel
(Date received local registrar) (Registrar's signature)

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

3500

1176

RECEIVED

District Health Office No. 2,

District File Number 542-088

Date Filed 5-13-42

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.....

..... not Embalmed, Registered Apprentice No.
working under my personal supervision.

Signed.....

A. J. River

Licensed Embalmer No. 1407

P. O. Address Smith 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.