

FILED JAN - 8 1942
Registration District No. **27**

Primary Registration District No. **80425996**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Monticau**
(b) City or town **Rural**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **Two months** in hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ella May Vaughan**
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Sidney Vaughan** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Apr 7 1888**
(Month) (Day) (Year)

8. AGE: Years **55** Months **8** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Berry MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Stack Lauer**

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

14. Maiden name **Matilda Price**

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

16. (a) Informant **Sidney Vaughan**

(b) Address **California MO**

17. (a) **Burial** (b) Date thereof **12 29 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wood Cemetery Millers**

18. (a) Signature of funeral director **William J. ...**

(b) Address **California MO**

19. (a) **12-29-42** (b) **H. G. Allen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
year **1942** hour **3** minute **7** M.
21. I hereby certify that I attended the deceased from **Nov 11**
19**42**, to **Dec 4**, 19**42**.

that I last saw her alive on **Dec 4**, 19**42**.

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

Immediate cause of death **Carcinoma of primary in right atrium.**

Due to _____

Due to _____

Other conditions **55d**
(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)

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 **E. A. Tuttle** (M. D. or other) _____

Address **California** Date signed **12/29/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

38
00

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.....

W E Friedmaner

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41390

Registration District No. 224

Primary Registration District No. 5796

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Russell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Elle May Vaughan

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

4. Sex F 5. Color br race _____ 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sidney Vaughan 6. (c) Age of husband or wife if immediate cause of death _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 55 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.
immediate cause of death _____

Duration

Due to _____

Due to _____

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

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

