

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 3

Registration District No. 47 Primary Registration District No. 5168

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

14
0
0

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town McCrede Twp
(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 years, months or days)
 In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town McCrede 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 _____

3. (a) PRINT FULL NAME Martha Vaughn
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 3rd
 year 1943 hour 8 minute 20 P.M.

4. Sex Female
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Jackson Vaughn
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 4 1942 to January 3 1943
 that I last saw h. alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pulmonary Tuberculosis
 Duration _____

8. AGE: Years 67 Months _____ Days _____
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 13 P

10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Charles Holland
 13. Birthplace Mo. 12 (City, town, or county) (State or foreign country)
 14. Maiden name W. 12
 15. Birthplace Mo. 12 (City, town, or county) (State or foreign country)

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?

16. (a) Informant Halley Graves
 (b) Address McCrede Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1943
(Month) (Day) (Year)
 (c) Place: burial or cremation Crows Fork
 18. (a) Signature of funeral director Hughes Maupin
 (b) Address Quincyville Mo
 19. (a) Jan 6 1943 (Date received local registrar) (b) Joia Maupin (Registrar's signature)

While at work _____ (Specify type of place)
 Means of injury _____
 23. Signature B. B. Nichols (M. D. or other)
 Address Quincyville Mo Date signed 1-7-43

100 18 days ... 2001
C. J. ...

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 *Hughes Markin*
Licensed Embalmer No. *2358*
P. O. Address *Aux Vasse, Md.*

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.