

FILED JAN 30 1943
Registration District No.

Primary Registration District No. 2003

Registrar's No. 30

1. PLACE OF DEATH:

(a) County **GREEN**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **2136 North Benton**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
ye yrs, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DeWitt**

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

(d) Street No. **2136 North Benton**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ALTA ELIZABETH VAUGHAN**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **10th**
year **1943** hour **2:15** minute **A. M.**

4. Sex **Female** 5. Color or race **White**

6. (a) Name of husband or wife **Unknown**

6. (b) Name of husband or wife **Unknown**

6. (c) Age of husband or wife if alive **Dec** years **11** 1871

7. Birth date of deceased **April** (Month) **11** (Day) **1871** (Year)

21. I hereby certify that I attended the deceased from **3-30-41** 19... to **1-10-43** 19...
that I last saw h.s. alive on **1-9-43** 19...
and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **8** Days **29**
If less than one day _____ hr. _____ min.

Immediate cause of death **Ca. of Stomach**
Diabetes Mellitus

Due to _____

Due to **Metastasis to Liver**

9. Birthplace **Pulaski Co., Missouri**
(City, town, or county) (State or foreign country)

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

Due to _____

10. Usual occupation **Housewife**

11. Industry or business **In Home**

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name **Joseph Bartlett**

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

14. Maiden name **Elizabeth Bartlett**

15. Birthplace **Unknown Unknown**
(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 **J. W. Vaughan**

(b) Address **357 Fresno Ave**

17. (a) **Burial** (b) Date thereof **1-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greentown**

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director **J. W. Vaughan**

(b) Address **Springfield, Mo**

19. (a) **1-11-43** (b) **A. W. Hendley**
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other)

Address **Springfield, Mo** Date signed _____

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

39
2
0-2

39
2
6

Duration
1 1/2 yrs
10 yrs

PHYSICIAN
H. L. H.
Underline the cause to which death should be charged statistically.

984

N

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.

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