S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

6668

State File No.

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 8

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

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: Webb City R. #1 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 25 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 0
(If outside city or town limits, write "RURAL")

(d) Street No. R #1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

**3. (a) PRINT FULL NAME** Oliver B. Vaughan

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary E. Vaughn

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 2 (Day) 1865 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 8 | 1 | hr. min. |

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Brunlet W. Vaughan
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Ballard
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Earl Vaughan
(b) Address Webb City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director Webb City Und. Co.
(b) Address Webb City Mo.

19. (a) Feb. 3, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 3rd year 1943 hour 3 30 minute a M.

21. I hereby certify that I attended the deceased from Feb 2, 1943 to Feb 3, 1943 that I last saw him alive on Feb 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131 b

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature C. F. Gregory (M. D. or other) Dr.

Address Webb City Mo. Date signed 7/3/43

1180

(Licensed Embalmer's Statement on Reverse Side)

43-2-199

## 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 myself, .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.**