

S. No. 2  
M-5-42  
5-17-39  
X3285

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9700

State File No. ....

Registrar's No. 336

LED APR 14 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: Mercy Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three days

In this community 3 days

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Clinton Mo. (b) County Clinton

(c) City or town Hemphre

(d) Street No. ....

(e) Citizen of foreign country? no

If yes, name country .....

3. (a) PRINT FULL NAME Samantha Cuninghame Vaughn

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Vaughn 6. (c) Age of husband or wife if alive, years 1862

7. Birth date of deceased: April 18, 1862

8. AGE: 80 Years 11 Months 10 Days

9. Birthplace Platte Col Missouri

10. Usual occupation housewife

11. Industry or business .....

12. Name William E. Cuninghame

13. Birthplace unknown Kentucky

14. Maiden name Sarah Owens

15. Birthplace unknown Kentucky

16. (a) Informant Ed. L. Vaughn

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof March 31, 43

(c) Place: burial or cremation Keller Cem.

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) 3-28-43 (b) Rae Henry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1942 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Mar 26 1943 to Mar 28 1943

that I last saw him alive on Mar 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart dilatation

Due to Arteriosclerosis

Due to Senility

Other conditions (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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) .....

23. Signature H. H. ... (M.D. or other) 100

Address Hill ... Date signed Mar 28/43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1949

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**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. R. Saugh* .....

Licensed Embalmer No. *4023* .....

P. O. Address *Weston, 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.