

ED APR 8 1943/10
Registration District No. _____

Primary Registration District No. 5768

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Harrison, Mo.
(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 Eighty years (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton, Mo.
(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 Mary E. 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 9

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

7. Birth date of deceased Aug 25 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 6 16 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Black

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

14. Maiden name unknown

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

16. (a) Informant Susie Vaughn

(b) Address Mercer Mo.

17. (a) Burial (b) Date thereof March 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phasant Ridge

18. (a) Signature of funeral director Noel Mason

(b) Address Princeton, Mo.

19. (a) 2-20-43 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14
year 1943 hour A. minute M.

21. I hereby certify that I attended the deceased from Jan 1st
45 Mar. 14 43 1943
her Sat. to 13 43
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular
Renal disease, with special
reference to the degree of
cardiac involvement.
Due Chronic interstitial
Nephritis.
Due to _____

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

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? _____

While at work? _____ (Specify type of place) _____ Means of injury _____

23. Signature A. S. Brewster (M. D. or other) _____
Address Princeton, Mo. Date signed 3/16/43

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

65
0

1117

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 me
....., Registered Apprentice No. ~~2624~~
working under my personal supervision.

Signed Neil Moss
Licensed Embalmer No. 2634
P. O. Address Juncton 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.