S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13460

FILED MAY 6 1943

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 1888

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-28-43-4-18-43 (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1312 Brooklyn
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NEALIE VAUGHN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race Negro 3

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

6. (b) Name of husband or wife Mitchell Vaughn

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 28 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	5	27	hr. min.

9. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Monroe Barbee
13. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Ellen Cummins
15. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bell

(b) Address 1212 [illegible]

19. (a) 4-27-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 1:45 minute a. M.

21. I hereby certify that I attended the deceased from March 28, 1943, to April 18, 1943;
that I last saw her alive on April 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Primary Adeno-carcinoma of Stomach

Due to 46 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized Metastasis
Exploratory Laparatomy

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

23. Signature [illegible] (M. D. or other)

Address Gen. Hosp. #2-600 B 22 Date signed 4-21-43

(Licensed Embalmer's Statement on Reverse Side)

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: E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 [illegible]

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.