

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

FILED MAY 7 1943

Primary Registration District No. 5388

Registrar's No. 112

1. PLACE OF DEATH:

(a) County... Dent

(b) City or town... Short Bend *Rural*

(c) Name of hospital or institution: *X*

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

(d) Length of stay: In hospital or institution... *X*

In this community... most of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Dent *33*

(c) City or town... rural (If outside city or town limits, write "RURAL") *0*

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

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

If yes, name country... *X*

3. (a) PRINT FULL NAME... Mary E. Vaughn

3. (b) If veteran, name war... *X*

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

4. Sex... female

5. Color or race... *W*

6. (a) Single, widowed, married, divorced, widowed... *2* divorced, widowed

6. (b) Name of husband or wife... S.R. Vaughn

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

7. Birth date of deceased... Feb 21 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	1	22	hr. min.

9. Birthplace... Hoogootee Ind. (City, town, or county) (State or foreign country)

10. Usual occupation... housewife

11. Industry or business... *X*

12. Name... Leonard Cannon

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

14. Maiden name... Trisa Arven

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

16. (a) Informant... *M. E. Vaughan*

(b) Address... Salem Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... April 15/43 (Month) (Day) (Year)

(c) Place: burial or cremation... *Carty Cen.*

18. (a) Signature of funeral director... *Carl J. Finer*

(b) Address... Salem Mo

19. (a) 4-14-43 (Date received local registrar) (b) *J. S. ...* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 13 year... 1943 hour... 43 minute... 55 P. M.

21. I hereby certify that I attended the deceased from... Feb 19 43 to... April 10 43 that I last saw her alive on... April 10 19 43 and that death occurred on the... and hour stated above.

Immediate cause of death... *Apoplexy*

Due to... *Influenza*

Due to... *83a*

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? (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 name of place) (e) Means of injury... *Off duty*

23. Signature... *J. J. Dickson* (M. D. or other) *MA*

Address... Salem Mo Date signed 4-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 543297
District File Number 3-3-73
Date Filed

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

Ork H. Finer

Licensed Embalmer No. 9370

P. O. Address Salem, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 100

Primary Registration District No. 5388

Registrar's No. 1125

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Bend sup. (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary E Vaughan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 21 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

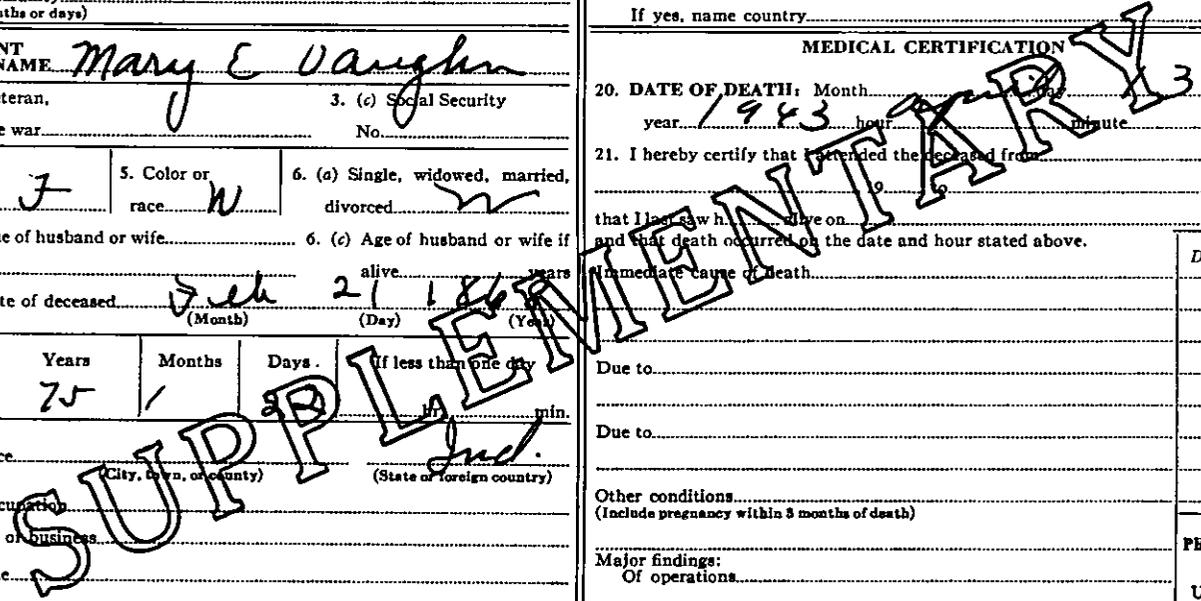
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

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

Address _____ Date signed _____

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



S-14169