

ED MAY 5 1943

Registration District No. 369

Primary Registration District No. 6252

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wayne
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mill Spring Jugo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 yr.
(Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME John Wesley 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

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

7. Birth date of deceased July 22 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business _____

12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Hattie Vaughan

(b) Address Mill Spring Mo.

17. (a) Rural (b) Date thereof 2/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elapel Hill Wayne Co

18. (a) Signature of funeral director Williams Bode

(b) Address Piedmont

19. (a) April 15 - 1943 (b) Mrs. Lattie Marzess
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Mill Spring Jugo
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th
year 1943 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from Feb 18
1943 to Feb 25 1943
that I last saw him alive on Feb 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to g30
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
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?

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

23. Signature C. Jones (M. D. or other MD.)
Address Piedmont, Mo. Date signed 3-0-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 1-10-31

RECEIVED

District Health Officer No. 4
District File Number 543-2103
Date Filed 5-4-43

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.....

Coder Funeral Home, Registered Apprentice No.....
working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Md.

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, above space should be left blank.