

1. PLACE OF DEATH:

(a) County MILLER  
(b) City or town ELDON "RURAL" SALINE  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER  
(c) City or town ELDON "RURAL"  
(If outside city or town limits, write "RURAL")  
(d) Street No. SALINE TOWNSHIP  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANCY ANN VAUGHAN

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

4. Sex FEMALE 5. Color or race White 6. (e) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JOSEPH VAUGHAN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOT KNOWN  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ABOUT 90 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name JOHN DOBSON  
13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name U.A.  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Vaughan

(b) Address ELDON, MISSOURI

17. (a) BURIAL (b) Date thereof 7-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DODLEY CEMETERY

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address ELDON, MISSOURI

19. (a) 7-14-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12  
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 12 1943, to July 14 1943  
that I last saw her alive on July 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 2  
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 0

23. Signature G. D. Walker (M. D. or other) \_\_\_\_\_  
Address ELDON, MO Date signed 7/14/43

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

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RECEIVED

Miller County Health Dep't.

County File Number 43-60

Date Filed 8-5-43

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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.....

Louis D Phillips, Registered Apprentice No.....  
working under my personal supervision.

Signed Louis D Phillips.....

Licensed Embalmer No. 3663

P. O. Address Calder

**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.**