

Registration District No. 128

Primary Registration District No. 2000

837A

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
725 Clay Str.
(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 Greene³⁹
(c) City or town Springfield²
(If outside city or town limits, write "RURAL")
(d) Street No. 725 Clay Str.⁶
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Byron W. Vaughan

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

4. Sex Male 5. Color or race 2 Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samantha Vaughan 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 29 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 10 hr. min.

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

10. Usual occupation Porter

11. Industry or business Thomas Vaughan

12. Name Thomas Vaughan 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Jarrett 15. Birthplace Unk. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Samantha Vaughan
(b) Address 725 Clay

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

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director W. P. Campbell
(b) Address 867 Washington St., No. 10

19. (a) 10-13-43 (b) W. H. Hinkle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th
year 1943 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 9
1943, to Oct 9 1943

that I last saw him alive on Oct 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Coronary sclerosis

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a PHYSICIAN _____
Of operations _____
Of autopsy _____
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 Arthur H. Hinkle M.D. or other MD
Address 402 12th Date signed 10-22-43

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

9
2
6

984

PAID 7 7 NOV

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.....

W. P. Campbell

Registered Apprentice No.....

- working under my personal supervision.

Signed.....

W. P. Campbell

Licensed Embalmer No.....

1247

P. O. Address.....

Springfield, 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.

X