

FILED DEC 13 1943
Registration District No. 172

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County Wendell

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

(c) Name of hospital or institution: Wright Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Decatur

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

(d) Street No. R 32
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Oscar Rubin Lee Vaughn

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 28, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 4 19 hr. min.

9. Birthplace Decatur County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

MOTHER FATHER

12. Name Arthur Vaughn

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

14. Maiden name Elien Campbell

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

16. (a) Informant A. F. Vaughn

(b) Address Lineville Iowa

17. (a) Burial (b) Date thereof Nov. 19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery Lineville Iowa

18. (a) Signature of funeral director O. O. Brundage

(b) Address Lineville Iowa

19. (a) 11-30-43 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th year 1943 hour 6:55 minute A A. M.

21. I hereby certify that I attended the deceased from Jan. 1st 1941 to Nov. 17th 1943.
that I last saw him alive on Nov. 17th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Duration 3 years

Due to Do not know

Other conditions 93d
(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) (2) Means of injury

23. Signature Oliver P. Duff (M. D. or other) M. D.

Address Wenton Mo. Date signed Nov. 1943

NOV 23 1948

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

Amos L. Greenlee

Licensed Embalmer No.

3967

P. O. Address

Lancille Iowa

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.