S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41744

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1468

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. Methodist O Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1306 So 20th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Herbert Vaughan

3. (b) If veteran, name war none

3. (c) Social Security No. 499-20-2667

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Cora Vaughan

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

7. Birth date of deceased Nov. 21st 1884 (Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 24 If less than one day hr. min.

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

10. Usual occupation Manager

11. Industry or business Quality Oil Co.

FATHER
12. Name John Wm. Vaughan
13. Birthplace Liverpool (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Emma G. Haptie
15. Birthplace Paris (City, town, or county) France (State or foreign country)

16. (a) Informant Mrs. W. H. Vaughan

(b) Address 1306 So. 20th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Heaton BeGole & Bowman

(b) Address 219 So 10th

19. (a) 12/29/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1943 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from Dec 13, 1943, to Dec 27, 1943 that I last saw him alive on Dec 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	7 days
Due to Ruptured Gastric Ulcer	7 days
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	10 days

Major findings: Of operations Ruptured Gastric Ulcer

Of autopsy 11 a.1

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clifton Smith (M. D. or other) M D

Address 218 N 7th St Joseph Mo Date signed 12/28/43

1233 (Licensed Embalmer's Statement on Reverse Side)

Dr. Clifton Smith
218 No 7th

AUG 27 1945

MAY 19 194

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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address. Ft. Joseph

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.