

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3806

FILED FEB 14 1944

Registration District No. 21

Primary Registration District No. 2048

State File No.

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Marionville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether years, months or days)
 In this community

3. (a) PRINT FULL NAME Mary Cathrine Vaughn

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Thimothy J. Vaughn 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Dec - 11 - 1901
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 9 2 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Martin E. Ross

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

14. Maiden name Josephine Haegens

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

16. (a) Informant Thimothy J. Vaughn

(b) Address 218 West Lawrence

17. (a) Burial (b) Date thereof 1-17-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick Cemetery

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

(b) Address 951 South Main Marionville Mo

19. (a) 1-28-44 (b) Amy Barber
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Marionville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 218 West Lawrence
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1944 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 7 to Jan 13 1944
 that I last saw him alive on Jan 13 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Failure
Complicating a Bilateral
Lobar Pneumonia

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

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?

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

23. Signature Chas. J. Berry (M. D. or other)

Address Marionville Mo Date Jan 15 44

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

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Manville 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.