

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WILD FEB 14 1944
FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3825
Registrar's No.

Primary Registration District No. 5860

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Big Apple
(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 years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Koshkonong (Rural)
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Vaughn

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

4. Sex Male 5. Color or race White b. (a) Single, widowed, married. Married
6. (b) Name of husband or wife Martha Barnett 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 12 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Vaughn
(b) Address Koshkonong, Mo.
17. (a) Burial (b) Date thereof 12/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walker Cem.

18. (a) Signature of funeral director Geo. Dan
(b) Address Thayer, Mo.
19. (a) 2-5-44 (b) Jack W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to _____
Due to _____

Other conditions Active Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 107

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 3
23. Signature Ray Carroll
Address _____ Date signed 1-14-48

1112

RECEIVED

District Health Officer No. 5,

District File Number 244143

Date Filed 2-10-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.