S. No. 2
—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 7238

Registrar's No. 1181

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: 1409 HOVEY
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: GREENE

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

(d) Street No.: 1409 Hovey
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: BEN VAUGHN.

3. (b) If veteran, name war: NONE

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: AMANDA VAUGHN

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: FEB. (Month) 28 (Day) 1854 (Year)

8. AGE: Years 89 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace: Fayetteville (City, town, or county) Ark (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: NONE

MOTHER FATHER

12. Name: Ben Vaughn

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

14. Maiden name: Lucinda Gibson

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

16. (a) Informant: Mary A. Hendrix

(b) Address: SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 21-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Brick Church Cem

18. (a) Signature of funeral director: J. W. Klingner Co

(b) Address: SPRINGFIELD MO.

19. (a) 2-21-44 (Date received local registrar) (b) by W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1944 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from 2-1-44, 19..., to 2-18-44, 19...; that I last saw him alive on 2-18-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial-Insufficiency — Duration: Yrs.

Due to: Arterioclerosis

Due to: .....

Other conditions (Include pregnancy within 3 months of death): G 3 P

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury: .....

23. Signature: E. M. Gunsebeck M.D. or other

Address: Spfd., Mo. Date signed: 2-21-44

(Licensed Embalmer's Statement on Reverse Side)

9 & 4

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. 4070

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.