

FILED JUN 24 1944  
Registration District No. 290

Primary Registration District No. 5950

State File No. \_\_\_\_\_  
Registrar's No. 63

1. PLACE OF DEATH:

(a) County Poluski  
(b) City or town Richland Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Poluski  
(c) City or town Richland Mo  
(If outside city or town limits, write "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

CYNTHA JANE VAUGHAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 13 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

MOTHER FATHER 11. Industry or business \_\_\_\_\_

12. Name William Chapman

13. Birthplace Hebron NY  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Allen

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

16. (a) Informant Edward M. Christensen

(b) Address 2 W. Weynesing Mo.

17. (a) Buried (b) Date thereof 5/29/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Idem

18. (a) Signature of funeral director W. B. Jones

(b) Address Richland Mo.

19. (a) 6-17-1944 (b) C. K. Melba  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
year 1944 hour 8 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from May 7, 1944, to May 18, 1944, that I last saw her alive on May 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart Duration 11 days  
Due to unknown

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 95c4

Of autopsy no

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 \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Overt G. Oliver (M. D. or other) MD

Address Richland Mo Date signed 5-18-1944

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..... *R. B. J. [Signature]*  
Licensed Embalmer No. *3198*  
P. O. Address..... *Richland Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**