

FILED SEP 18 1944 8

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7666

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. W. St. Joseph St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vaughn-Prince William

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-18-4532

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Letha Robinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 5, 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 27 If less than one day
hr. min.

9. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory Worker

11. Industry or business _____

12. Name John L. Vaughn

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

14. Maiden name Clampitt

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

16. (a) Informant Letha Vaughn

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 9-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadington, Mo.

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

(b) Address Perryville, Mo.

19. (a) SEP 5 1944 (b) W. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1944 hour 6 minute 15-P. M.
21. I hereby certify that I attended the deceased from August 29
1944 to September 2 1944
that I last saw him alive on September 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cirrhosis of liver
Due to _____

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

Major findings: Of operations _____
Of autopsy above

Duration _____
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 _____

23. Signature Gordon F. Moore (M. D. or other) _____
Address BARNES HOSPITAL Date signed 9-2-44

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

MOTHER FATHER

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.