

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37073

State File No. _____

FILED NOV 28 1944

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Lamar 1
(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 2

3. (a) PRINT FULL NAME BERTHA FLORENCE VAUGHN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1
_____, 1944 to Oct. 20, 1944
that I last saw her alive on Oct. 20, 1944
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Vaughn

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

7. Birth date of deceased September 22 1899
(Month) (Day) (Year)

Immediate cause of death Heart failure
Emphysema
Chronic bronchitis

Due to As the cause condition 6 m.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>0</u>	<u>28</u>	_____ hr. _____ min.

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Thompson

13. Birthplace Warsaw, Missouri U
(City, town, or county) (State or foreign country)

14. Maiden name Katie Maude Shreck

15. Birthplace Hickory County, Missouri 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

106 lb

16. (a) Informant Mrs. Mae Watts

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Oct 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

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? _____

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Oct. 21 1944 (b) Martha River
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature D. Guadner (M. D. or other) _____

Address 1805 Gulef Date signed Oct 20

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

MOTHER FATHER

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1144-1232

Date Filed NOV 24 1944

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 Carl F. Konantz
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.