

FILED NOV 21 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3060

Registrar's No. 214

1. PLACE OF DEATH:

(a) County St. Francois.  
(b) City or town Farmington.  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
  
In this community 75 years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fredric. Mason. Vaugh.

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Mary, Jane, JARRET. 6. (c) Age of husband or wife if alive 1889  
Sep.

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Waterloo Illinois  
(City, town, or county) - (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Edward Vaugh  
13. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Boyce  
15. Birthplace Albany New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Price  
(b) Address Farmington, Missouri

17. (a) burial (b) Date thereof 11/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill Farmington, Und Co

18. (a) Signature of funeral director [Signature]  
(b) Address Farmington, Missouri

19. (a) Nov 10 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
year 1944 hour 7:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 15 to Nov 8 1944  
that I last saw him alive on Nov 8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Typhic end of Stomach  
Duration 6 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 46

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Address Farmington Mo Date signed 11/10/44

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

74  
4  
1

RECEIVED

District Health Officer No. 4  
District File Number 1144-457  
Date Filed 11-27-44

APR 30 1945

**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. 4084

P. O. Address Summit, Mo

**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.**