

S. No. 2
M-8-43
5-17-39
-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40398

FILED JAN 11 1945

State File No. _____

5318

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Limeyard Park Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 w + 3 da
(Specify whether
 In this community 3 w 3 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. Gallatin
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Dec
 year 1944 hour 11 minute _____ M.
 21. I hereby certify that I attended the deceased from
Dec 2 1944 to Dec 27 1944
 that I last saw her alive on Dec 27 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Stomach
 Due to Pyloric Stenosis & ulcer
 Due to _____
 Other conditions _____
(Includes pregnancy within 3 months of death)

Duration
1 yr
5 mo

Major findings:
 Of operations Mammary Cancer
7 stomach
 Of autopsy none

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 0
 23. Signature J. E. Shultz (M. D. or other)
 Address 212 East 7th Date signed 12-27

3. (a) PRINT FULL NAME

Ada Lella Vaughan

3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife E. E. Vaughan 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Dec 13 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 14 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. K. Frank
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name M. E. Shepherd
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elvin Kelly
 (b) Address no Kansas City Mo R.S.
 17. (a) Burial (b) Date thereof Dec 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gallatin Mo

18. (a) Signature of funeral director Morton Funeral Home
 (b) Address no Kansas City Mo
 19. (a) 12-28-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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

1838

31
1
0

44

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.....

John S. Morton

Licensed Embalmer No.....

43 49

P. O. Address.....

No R. R. 1

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.