. S. No. 2
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v. 5-17-39
P 1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

Registration District No. 381

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42276

Primary Registration District No. 4575

Registrar's No.

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

105
1
0

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Milan
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Sullivan
(c) City or town Green Castle Mo. 11
(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 U

3. (a) PRINT FULL NAME John Vaughn
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male U
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Letitia Vaughn
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 9 (Month) 15 (Day) 1863 (Year)

8. AGE: Years 81 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Sull. Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Alexander Vaughn
13. Birthplace — (City, town, or county) Ohio (State or foreign country)
14. Maiden name Sarah Jane Longhead
15. Birthplace Sullivan Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Lorin Vaughn
(b) Address Green Castle Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Green Castle Cem
18. (a) Signature of funeral director Glenn E Hart & Son
(b) Address Green City, Mo.
19. (a) Mar 2 1945 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1944 hour 12:00 minute 30 P.M.
21. I hereby certify that I ~~attended the deceased from~~ was called immediately after death to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Probably coronary occlusion — Duration instantaneous
Due to Died suddenly while at dinner.
Due to History previous heart trouble previously
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations N.A.
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
Dr Justice restaurant (Specify type of place)
While at work? (e) Means of injury
23. Signature J. S. Montgomery (M. D. or other) U
Address Milan Mo. Date signed 12-8-44

1190 (Licensed Embalmer's Statement on Reverse Side)

FEB 6 1945

RECEIVED
District Health Officer No. 10
District File Number 1-45-6
Date Filed JAN 3 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenville Me

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.