

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5631 Locust  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME DANIEL WAITE VAUGHAN

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

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Elva Vaughan 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 29th 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Traffic Agent R.R.

11. Industry or business Southern Railroad

MOTHER FATHER { 12. Name Daniel Vaughan  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elva Vaughan

(b) Address 5631 Locust

17. (a) Cremation (b) Date thereof Jan 4th 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Eylar Funerak Home

(b) Address Kansas City Mo

19. (a) 1-2-45 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1  
year 1945 hour 6 minute 06 P.M.

21. I hereby certify that I attended the deceased from Dec 25th  
1944 to Jan 1 1945  
that I last saw him alive on Dec 31, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Peritonitis

Due to Ruptured appendix

Due to \_\_\_\_\_

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

Major findings: Ruptured appendix  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. H. Hodgson (M. D. or other) MD  
Address 700 Plaza Date signed 1-1-45

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

**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 Chas. Williams

Licensed Embalmer No. 2644

P. O. Address H.C. 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.**