

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

FILED FEB 6 1945
Registration District No. 749

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2431 Forest
(d) Length of stay: 2 months
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Annie Elizabeth Vaughn
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Armstead Vaughn
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased July 5, 1870

8. AGE: Years 74 Months 6 Days 11

9. Birthplace Guthrie Missouri

10. Usual occupation At Home

11. Industry or business

12. Name Armstead Vaughn (O.K.)
13. Birthplace Missouri

14. Maiden name Emily
15. Birthplace Virginia

16. (a) Informant Gertrude Harris
(b) Address 1434 East 13th St.

17. (a) removal (b) Date thereof 1/19/45
(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director: 1729 Lydia
(b) Address

19. (a) 1-18-45 (b) N. E. Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16 -16
year 1945 hour 1 minute P.
21. I hereby certify that I attended the deceased from Jan 1-2
1945 to Jan 16, 1945
that I last saw her alive on Jan 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Distended
Mittal.

Due to 92 to
Other conditions: (Include pregnancy within 3 months of death)

Major findings:
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: L. J. Miller
Address: 1203 Jean Date signed 1-18-45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *J. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.