

Registration District No. 268

Primary Registration District No. 87064396

Registrar's No.

1. PLACE OF DEATH:

(a) County Pamunet Co.

(b) City or town Wardell Mo.
(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 _____ years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME No Name (Baby Vaughn)

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 9 45
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Frank Vaughn

13. Birthplace Pamunet Co. (City, town, or county) (State or foreign country)

14. Maiden name Hazel Jenkins

15. Birthplace Wardell Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Vaughn
(b) Address Wardell Mo.

17. (a) Removal (b) Date thereof Jan-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Ave

18. (a) Signature of funeral director Wardell Funeral Home

(b) Address Wardell Mo.

(a) 1-9-1945 (b) J. J. Treasey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Mo.

(a) State Mo. (b) County Pamunet

(c) City or town Wardell Mo. 78
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 1945 hour 2 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1-9-45 19____ to 1945 19____

that I last saw him alive on 1945 19____

and that death occurred on the date and hour stated above,
Immediate cause of death premature Duration _____

Due to 15.9

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____ (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 Wardell (M. D. or other) _____

Address Wardell Date signed _____

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

800

90

1-45-1

STATEMENT BY LICENSED EMBALMER

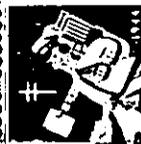
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....



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.