

FILED MAY 12 1945

Registration District No. _____

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 N. 6 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike Co.
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 219 N. 6 St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Lina Vaughn

3. (b) If veteran, name war No. 3. (c) Social Security No. 960

4. Female? 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Frank Vaughn 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 73 hr. min.

9. Birthplace Pike County Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Oliver Rudd

13. Birthplace Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Vaughn

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof April 11, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Charles W. Stone

(b) Address Louisiana Mo.

19. (a) 4-8-45 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1945 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy in the head
due to an aneurysm

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) Homicide

(b) Date of occurrence April 7 1945

(c) Where did injury occur? Louisiana Pike Co. Mo.
(City or town) (County) (State)

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

While at work? yes (Specify type of place) yes (Specify type of activity)

23. Signature J. H. [Signature] Address Louisiana Mo. Date signed 4-2-45

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

22
1

RECEIVED

District Health Officer No. 10

District File Number 5-45-776

Date Filed MAY 10 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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Lansing, 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.