

FILED MAY 22 1945

Registration District No. **564**

Primary Registration District No. **5778**

Registrar's No. **6-2 4311**

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

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town RURAL (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: COUNT-HOME (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mo (Specify whether years, months or days)

In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. COUNTY-HOME (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME JAMES - VAUGHN

3. (b) If veteran name war

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1945 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 14 1945 to April 15 1945 that I last saw him alive on April 14 1945 and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Not Known

Immediate cause of death: Cerebral Hemorrhage Duration 3 days

Due to: Cerebral vessel vasculitis

8. AGE:	Years	Months	Days	If less than one day
	<u>about 95</u>			hr. min.

Other conditions (include pregnancy within 3 months of death)

Major findings: 830

Of operations

Of autopsy

MOTHER FATHER

9. Birthplace MILLER Co MO (City, town, or county) (State or foreign country)

10. Usual occupation none - MENTAL CASE

11. Industry or business

12. Name ELISHA - HENRY - VAUGHN

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

14. Maiden name

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

16. (a) Informant Mrs Albert Vaughn

(b) Address Eldon MO

17. (a) BURIAL (b) Date thereof 4-17-45 (Month) (Day) (Year)

(c) Place: burial or cremation Wood Cem.

18. (a) Signature of funeral director Keith McFay

(b) Address Eldon MO

19. (a) April 16 1945 (b) Mrs. Richard L. Wright (Date received local registrar) (Registrar's signature)

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 of

23. Signature M. E. Higginbotham (M. D. or other) D.O.

Address Tusculum, Mo. Date signed 4-15-45

RECEIVED

Miller County Health Dep't.

County File Number 45-44

Date Filed 5-3-45

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 Keith McKays  
Licensed Embalmer No. 3998  
P. O. Address Eldon 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.**