

FILED DEC 21 1945

State File No. ....

Registration District No. ....

Primary Registration District No. 1001

Registrar's No. 5046

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:  
2742 Jarboe /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 60 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 2742 Jarboe 8  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida May Vaughn

3. (b) If veteran, name war. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1945 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from December 4th 1945 to December 7 1945 that I last saw her alive on Dec. 4 1945 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Alex Vaughn

6. (c) Age of husband or wife if alive ### years

7. Birth date of deceased 4 10 1885  
(Month) (Day) (Year)

Immediate cause of death Pneumonia lobar Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>7</u>	<u>25</u>	hr. min.

Due to .....

Due to .....

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

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

10. Usual occupation At Home

Major findings:  
Of operations.....

Of autopsy..... 108

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

11. Industry or business.....

12. Name Isaac Smith

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

14. Maiden name Emily Finch

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

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?.....

16. (a) Informant Mrs. Pearl Dengolesky

(b) Address 7138 Baltimore

17. (a) Burial (b) Date thereof 12-8-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

While at work?..... (Specify type of place)

(e) Means of injury 0

23. Signature B. H. Keit (M. D. or other)  
Address 1332 Profess. Bldg Date signed 12/7/45

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-7-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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.....

*Wm K Jackson*

Licensed Embalmer No. ....

*3954*

P. O. Address.....

*918 Brooklyn*

**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.)**

*H e m o*

**If this body is not embalmed, fact should be so stated above.**