

**FILED** MAR 1 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital  
In this community 2 mo 15 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam  
(c) City or town Unionville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME FANNIE VAUGHTERS

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased July 4 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name TOM GERMAN

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

14. Maiden name Rachel Hoskins

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

16. (a) Informant Tom E. Davis

(b) Address 1540 Lincoln Res. Fairland

17. (a) Reinter (b) Date thereof Dec 24 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo. Putnam

18. (a) Signature of funeral director Conrad J. ...  
(b) Address Unionville, Mo.

19. (a) Jan-4-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1945 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 15 1945 to Dec 20 1945 that I last saw her alive on Dec 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia Duration day

Due to Senile dementia yrs. 11

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11/1 Of autopsy 11/1

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 Dr. Dawson (M.D. or other) D.O.  
Address Unionville, MO Date signed 12-24-45

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

100960

RECEIVED

District Health Officer No. 10

District File Number 2-46-346

Date Filed FEB 28 1946

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 John H. Constock

Licensed Embalmer No. 3891

P. O. Address Chionville 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.