

8. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5290**
Registrar's No. **188**

FILED MAR 11 1948
Registration District No. **128**

Primary Registration District No. **2000**

39
2
6
4287
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Corner of Elm Street at Fremont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1933 North Main Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM JOSEPH VAUGHN

3. (b) If veteran, name war None 3. (c) Social Security No. WORK

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May 3, 1928
(Month) (Day) (Year)

8. AGE: Years 17 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name W. Avery Vaughn

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

14. Maiden name Iza McCarty

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

16. (a) Informant W. Avery Vaughn

(b) Address 1933 North Main Avenue, Springfield, Mo.

17. (a) Burial (b) Date thereof 2/27/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Comfort Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-28-46 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22,
year 1946 hour 5: minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 6, 1946, to Feb 22, 1946,
that I last saw him alive on Feb 8, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Acute Heart Infection - 16 days

Due to _____

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

Major findings: Of operations 930
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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) (a) Means of injury _____

23. Signature W. E. Handley (M. D. or other) MD

Address Springfield, Mo. Date signed 2-28-46

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.

X