

S. No. 2  
 M-5-43  
 v. 17-39  
 I X36671

**FILED APR 10 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

**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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 hrs. 10 mins.  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Lorraine Vaughn  
**3. (b) If veteran,** name war no **3. (c) Social Security** No. none  
**4. Sex** FE **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Ben Vaughn **6. (c) Age of husband or wife if alive** unk. years  
**7. Birth date of deceased** aug 14th 1922  
(Month) (Day) (Year)

**8. AGE:** Years 23 Months 7 Days 13  
If less than one day, hr. min.

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

**10. Usual occupation** HW

**11. Industry or business** \_\_\_\_\_

**12. Name** Lewis Thompson

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

**14. Maiden name** unknown

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

**16. (a) Informant** Hosp. Records

**(b) Address** Gen. Hospital

**17. (a) Removal** Removal **(b) Date thereof** 3 27 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Troy Kansas

**18. (a) Signature of funeral director** R. K. Kaulon

**(b) Address** Kc Kansas

**19. (a) 3-28-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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. 518 Elmwood **8**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month March day 27  
 year 1946 hour 11 minute 55 P. M.  
**21. I hereby certify that I attended the deceased from** 3  
27 1946 to 3-27 1946  
 that I last saw her alive on 3-27 1946  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Diabetic coma and acidosis  
**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death) **61**  
**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy See above

**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** Wm W. Hart **(M.D.)**  
 Address Med. Dir. Gen'l Hosp. Date signed 3-28-46

**Duration**  
 \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

*R. C. Kaus*

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**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 *M. M. Swisher*

Licensed Embalmer No. *3505*

P. O. Address *R. C. Kaus*

**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.**