

FILED JUN 10 1948

STANDARD CERTIFICATE OF DEATH

State File No. **17589**

Registration District No. **267**

Primary Registration District No. **4901-3-8-45902** Registrar's No. **22**

1. PLACE OF DEATH:

Pemiscot
(a) County **Pemiscot**
(b) City or town **Hayti Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Horace Vaughn**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice Vaughn** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **about 70** Months Days If less than one day hr. min.

9. Birthplace **Wilson County Miss.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Cotton Farming**

12. Name **unknown**

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

14. Maiden name **Ida Broadway**

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

16. (a) Informant **Alice Vaughn**

(b) Address **Hayti**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **5/5/46** (Month) (Day) (Year)

(c) Place: burial or cremation **Hayti Mo. Valhalla Funeral Home**

18. (a) Signature of funeral director **Hayti Mo.**

(b) Address **Hayti Mo.**

19. (a) **5/1/46** (Date received local registrar) (b) **Lucille Kelley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot** **78**
(c) City or town **Hayti** (If outside city or town limits, write "RURAL") **0**
(d) Street No. (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April 30**, day **30** year **1946** hour **6** minute **25**, P. M.

21. I hereby certify that I attended the deceased from **12-30-1945** to **4-30-1946**

that I last saw him alive on **4-28-1946** and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration

Due to **Hypertension**

Due to

Other conditions (Include pregnancy within 3 months of death) **1130**

Major findings: Of operations

Of autopsy

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 **2**

23. Signature **J. Masters** (M. D. or other) **2**
Address **Hayti Missouri** Date signed **4-30-46**

365

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

104603

5-46-119

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

Jack Kelley

Licensed Embalmer No.

3788

P. O. Address

Hayt. 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, above space should be left blank.