

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38000

FILED NOV 26 1946
Registration District No. 773

Primary Registration District No. 4436

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days3. (a) PRINT FULL NAME WILLIAM C. VAUGHTERS3. (b) If veteran, name war None 3. (c) Social Security No. _____4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth M. Vaughters 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 26 1857
(Month) (Day) (Year)8. AGE: Years 88 Months 2 Days 28 If less than one day hr. _____ min. _____9. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Lumberman12. Name William Vaughters13. Birthplace No Record Virginia
(City, town, or county) (State or foreign country)14. Maiden name Mary Bryan15. Birthplace No Record Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant Emm Ella J. Shop(b) Address New London - Mo.17. (a) Removal (b) Date thereof Dec 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Portsmouth Ohio18. (a) Signature of funeral director Roy P. Schwartz(b) Address 1000 Broadway, Hannibal Mo19. (a) _____ (b) W. A. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1941 hour 2 minute 20 A.M.21. I hereby certify that I attended the deceased from Nov 26, 1941 to Dec 14, 1945
that I last saw him alive on Dec 14, 1945
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration _____
Myocardial Ischemic
perforation
Due to Arterial sclerosis
nephritis
Due to _____Other conditions Arteriosclerosis
(Include pregnancy within 5 months of death)Major findings: _____ PHYSICIAN _____
Of operations 132
Of autopsy _____
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 Thos. P. Smith (M. D. or other) _____
Address New London Mo. Date signed _____

RECEIVED
District Health Officer No. 10
District File Number 10-46-2141
Date Filed NOV 25 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 George T. Bond
Licensed Embalmer No. 4373
P. O. Address Amherst - 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.