

FILED JAN 14 1947

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
100 Bridge Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 57
(c) City or town Chillicothe /
(If outside city or town limits, write "RURAL") 2
(d) Street No. 100 Bridge Street /
(If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Ann Vaughn Seek

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 Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased August 31 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 31 hr. min.

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

10. Usual occupation _____

11. Industry or business Houswife

MOTHER FATHER { 12. Name Thomas Vaughn
13. Birthplace Virginia /
(City, town, or county) (State or foreign country)
14. Maiden name Harriett Anglin
15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmo Burton
(b) Address R.R. #2, Chillicothe, Mo.

17. (a) Burial (b) Date thereof 12-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Dec-21-46 (b) Francis B. Neese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th
year 1946 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec - 1
1946, to Dec - 15, 1946
that I last saw her alive on Dec - 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 93E

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. L. Dovel (M. D. or other) M. D.

Address Chillicothe Mo Date signed Dec 21/46

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

HEALTH OFFICE
Cameron, Mo.

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 Eltou J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.