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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5840

FILED MAR 21 1947

Registration District No. 2193 Primary Registration District No. 4443 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Humboldt
(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 / (Specify whether)

In this community several years (years, months or days)

3. (a) PRINT FULL NAME Joan Vaughan

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 widowed

6. (b) Name of husband or wife Jeanie Vaughn

6. (c) Age of husband or wife if alive deceased

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

8. AGE: Years Months Days If less than one day

82 hr. min.

9. Birthplace Brisbane Ind. (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business laborer

MOTHER FATHER

12. Name John Vaughan

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

14. Maiden name Mary Minor

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

16. (a) Informant Grand

(b) Address Grand

17. (a) Grand (b) Date thereof 2-21-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Lane Cemetery

18. (a) Signature of funeral director Fred A. Thompson

(b) Address Grand

19. (a) 3-28-1947 (b) Wm. D. Barnhart (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Humboldt
(If outside city or town limits, write "RURAL")

(d) Street No. / (If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1947 hour 4:00 minute am M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Feb 1 1947

that I last saw him alive on Feb 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CA of stomach Duration 2 yrs

Due to _____

Due to _____

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

Major findings: Of operations none 46B

Of autopsy none

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 0

23. Signature W. Dreyer (M. D. or other) MD

Address Huntville Mo Date signed 3/9/47

270

RECEIVED
County Health Officer No. 10
File No. 3-47-456
Date Filed MAR 1-1-1947

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 Mrs. A. Thompson

Licensed Embalmer No. 2282

P. O. Address Madison 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.