

Registration District No. 222

Primary Registration District No. 4339

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Clarksburg
(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 of location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Clarksburg
(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 _____

3. (a) PRINT FULL NAME THOMAS JEFFERSON VAUGHAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Myrtle Vaughan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 3 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Moniteau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Hampton Vaughan
13. Birthplace Dart Haven
(City, town, or county) (State or foreign country)
14. Maiden name Polly Cain
15. Birthplace Dart Haven
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thomas Vaughan

(b) Address Clarksburg Mo.

17. (a) Burial (b) Date thereof 5-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Zion

18. (a) Signature of funeral director John E. Williams

(b) Address California Mo.

19. (a) 4-5-47 (b) Birdie Sturgis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Mar 3
1946 to May 2 1947

that I last saw him alive on April 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations APP
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 _____ (a) Type of place (b) Means of injury

23. Signature B. Devine (M. D. or Other) D.O.
Address California Mo Date signed 5/2/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-15-47

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..... *Hugh E Williams*

Licensed Embalmer No. *3537*

P. O. Address..... *California 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.