S. No. 2
M—1/47,
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21338

Registration District No. 146 — Primary Registration District No. 3-0-26 5568 — Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sugar Creek (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 903 N. High (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 11 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Sugar Creek, Mo. (If outside city or town limits, write "RURAL") 2

(d) Street No. 903 N. High (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MRS. SALLIE VAUGHN

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 Married

6. (b) Name of husband or wife Mr. Lee Vaughn

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 16, 1876 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Smithville, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown, Page
13. Birthplace Unknown, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Lee Vaughn

(b) Address 903 N. High, Sugar Creek, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6/5/47 (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Tenn.

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 6-10-47 (Date received local registrar) (b) [signature] (Registrar's signature) 25 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1947 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from April, 1947, to June 3, 1947; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature [signature] (M. D. or other) DO

Address Indep Mo Date signed 6-9-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Charles F. Tyler Registered Apprentice No. 411, working under my personal supervision.

Signed R. A. Leale

Licensed Embalmer No. 423

P. O. Address Independence, 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.