S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28412

State File No.

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 44

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution:
WEST MONROE & WALNUT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community LIFE 58 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MONROE 69

(c) City or town PARIS 2
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME ALMA VAUGHN

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

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

7. Birth date of deceased DEC (Month) 24 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	8	8	— hr. — min.

9. Birthplace MONROE, Co. (City, town, or county) MO (State or foreign country) 0

10. Usual occupation SCHOOL TEACHER

11. Industry or business PUBLIC SCHOOL

FATHER
12. Name THOMAS M. VAUGHN
13. Birthplace MONROE, Co. (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name MARTHA J HOCKER
15. Birthplace MONROE, Co. (City, town, or county) MO. (State or foreign country) 0

16. (a) Informant Alice V. Fawver
(b) Address Seligman Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE PARIS, MO.

18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Mo.

19. (a) 9-3-1947 (Date received local registrar) (b) Elbert Baker MD (Registrar's signature) DAS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 2 year 1947 hour 3:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 3 1946 to Sept 2 1947 that I last saw her alive on Sept 2nd 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma R Lung

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: N.K.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Geo M. Kaplan (M. D. or other)

Address Paris, Mo. Date signed 9/2/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-47-122
Date Filed SEP - 3 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 E. K. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.