FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 26 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 33545

Registration District No. 266 Primary Registration District No. 6242 / 536 Registrar's No.

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town POTOSI MO
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WASHINGTON 110
(c) City or town POTOSI 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REBECCA VAUGHN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex FEMALE 3
5. Color or race COLORED
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ARTHUR VAUGHN
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased DEC (Month) 18. (Day) 1893. (Year)

8. AGE: Years 53 Months 7. Days 22 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business
FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name MARIAR MATHEWS
15. Birthplace SHIRLEY (City, town, or county) MO. 0 (State or foreign country)
16. (a) Informant ARTHUR VAUGHN
(b) Address POTOSI MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI MO.
18. (a) Signature of funeral director BOYER FUNERAL HOME
(b) Address POTOSI MO.
19. (a) Sept 10 47 (Date received local registrar) (b) Mrs G F Cressell (Registrar's signature) 337

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 10
year 1947 hour 3 minute 0 P. M.
21. I hereby certify that I attended the deceased from June 15, 1947, to Aug. 10, 1947
that I last saw her alive on Aug. 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
48 PO

Duration

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 0
23. Signature Joseph L. Thurman (M. D. or other)
Address Potosi, Mo. Date signed 8-15-1947

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

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

RECEIVED

District Health Officer No. 4

District File Number 947-12

Date Filed 9-25-4

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 Howard Heggenbotham, Registered Apprentice No. 53-, working under my personal supervision.

Signed C. H. Boyd

Licensed Embalmer No. 4108

P. O. Address Potosi Mo.

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.