

FILED NOV 3 1947

Registration District No. 4

Primary Registration District No. 401

Registrar's No. _____

1. PLACE OF DEATH

(a) County Atchison
(b) City or town Rock Port
(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

3. (a) PRINT FULL NAME MARY JANE VAUGHT

3. (b) If veteran, name war V 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 E.W. VAUGHT 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 8 (Month) 31 (Day) 1868 (Year)

8. AGE: Years 79 Months 1 Days 0 If less than one day hr. min.

9. Birthplace HITCHISON CO. MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business ✓

MOTHER FATHER { 12. Name M. F. UMBARGER 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 14. Maiden name CAROLINE E. ARNEY 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant S. N. Vaught (b) Address Rock Port, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation ENGLISH GRAVE

18. (a) Signature of funeral director Bartholomew Martney

(b) Address Rock Port, Mo

19. (a) 10-3-47 (Date received local registrar) (b) Betty Crutcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3
(c) City or town Rock Port 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 1 1946 to Oct 1 1947

that I last saw her alive on Sept 23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to arteriosclerotic heart disease
2 coronary arteriosclerosis
Due to _____

Other conditions Cerebral hemorrhage 17
(Include pregnancy within 3 months of death)

Major findings: Of operations 93D 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? _____ (Specify type of place) (c) Means of injury II

23. Signature Emmy Kralle (M. D. or other)

Address Rock Port, Mo Date signed Oct 3, 47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
.....
working under my personal supervision.

Signed *[Signature]* Registered Apprentice No.....
Licensed Embalmer No. *3173*
P. O. Address *Rock Port, 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.