

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33821**
 Registrar's No. **374**

FILED NOV 5 1947
 Registration District No. **43**

Primary Registration District No. **5137**

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Black River Jwp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 40 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler **12**

(c) City or town Rural, Hendrickson, Mo.
(If outside city or town limits, write "RURAL") **0**

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

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

If yes, name country _____

3. (a) PRINT FULL NAME James Hulett Vaughn

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 Lillie Vaughn

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 12, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>0</u>	<u>8</u>	hr. _____ min.

9. Birthplace Crittington County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Mo. Pacific Railroad.

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Vaughn

(b) Address Hendrickson, Mo.

17. (a) Burial (b) Date thereof 10/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill, Butler Co. Mo.

18. (a) Signature of funeral director Frank-Isabel Kappel

(b) Address Poplar Bluff, Missouri

19. (a) 10-28-47 (b) R. D. M... ..
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
 year 1947 hour 4:00 minute 1 A.M.

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

Immediate cause of death: Traumatism Head
Gun shot Wound

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 164c

Of operations _____

Of autopsy _____

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) suicide

(b) Date of occurrence Oct 20 - 47

(c) Where did injury occur? Butler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) (e) Means of injury shot gun

23. Signature George W. Yell
(Date signed) **10/22-47**

Address Poplar Bluff, Mo.

RECEIVED

District Health Office No. 2,

District File Number 1142-1424

Date Filed 11-3-47

NOV 9 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

John M. Davies, Registered Apprentice No. *487*
working under my personal supervision.

Signed *Ernest Green*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff, 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.