

FILED JUN 18 1948

Registration District No. 243

Primary Registration District No. 5837

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural W. Benton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. 1 Goodman, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 years +
years, months or days

3. (a) PRINT FULL NAME John Henry Vaughn
JOHNNIE VAUGHN
3. (b) If veteran, name war WW2 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 18 1906
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Weir Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Stockman

11. Industry or business Cattle buying and selling

MOTHER FATHER { 12. Name Arthur C. Vaughn
13. Birthplace Sturgeon Bay Wiss.
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Kelley
15. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Vaughn

(b) Address Cherokee, Kansas

17. (a) Removal (b) Date thereof June 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Eric, Kansas

18. (a) Signature of funeral director John B. Popineau

(b) Address Goodman, Missouri

19. (a) June 9, 1948 (b) Melvin C. Sommer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #1 Goodman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7
year 1948 hour About 4 minute 17 M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him in dead to _____, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death suicide by shooting self in right temple with a .40 shot gun
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 7, 1948

(c) Where did injury occur Newton Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? No (Specify type of place) (c) Means of injury shot gun

23. Signature Corley Thompson (M.D. or other) Corner 3
Address weir Mo Date signed 6/9/48

SEP 8 1948

DEC 11 1958

RECEIVED

District Health Officer No. Newton
District File Number 648-322
Date Filed 6-17-48

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 John B. Papineau
Licensed Embalmer No. 4446
P. O. Address Goodman, 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.