

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26983
State File No. _____
Registrar's No. 362

Registration District No. 200

Primary Registration District No. 3041

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(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 Lifetime years, months or days)

3. (a) PRINT FULL NAME Martha Jane Vaughn
3. (b) If veteran, name war _____ 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 J. W. Vaughn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 18 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Welch
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jeluma White
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Vaughn
(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 7/20/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Macon, Mo.

18. (a) Signature of funeral director Albert Skinn
(b) Address Macon, Missouri

19. (a) 8/16/48 (b) Orville McNeely
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19
year 1948 hour 1 minute 20 a.m.

21. I hereby certify that I attended the deceased from 2-27 1948 to 19 July 1948
that I last saw her alive on 19 July 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 7-17-48
Due to irregular fibrillation 3-4-48
Due to Coronary sclerosis
Other conditions Papilloma of the Bladder
Major findings: Operations
Of autopsy 566

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) (e) Means of injury _____
23. Signature McNeely (M.D. or MD)
Address Macon Mo Date signed 7-21-48

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

RECEIVED

District Health Officer No. 10

District File Number 8-48-148

Date Filed AUG 23 1948

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 Albert S. Keenan

Licensed Embalmer No. 75-1

P. O. Address Macon

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.