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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35738

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1200

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 217 So. 7th St. 7 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter L. Vaughn
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 67 about | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Watch Maker
11. Industry or business Watches

FATHER
12. Name Unknown Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Laura Gallimore
(b) Address Sharon, Tennessee
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sharon, Tennessee
18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Mo.
19. (a) 11-12-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6 year 1948 hour 4 minute 15 A M.
21. I hereby certify that I attended the deceased from 10-7-, 1948, to 11-6-, 1948, that I last saw him alive on 11-5-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pericarditis
Due to Chronic Alcoholism
Due to
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 2

23. Signature [signature] (M.D. or other) D.O.
Address 823 Faraon Date signed 11-6-48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, 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 Danny O. Ficker, Registered Apprentice No. 287 working under my personal supervision.

Signed: William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph 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.