

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40943

FILED JAN 3 1949

Registration District No. 257

Primary Registration District No. 4386

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer
(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 7 weeks
years, months or days)

3. (a) PRINT FULL NAME Martha Elizabeth 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 Widowed
6. (b) Name of husband or wife Ira Vaughn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 20 If less than one day
hr. _____ min.

9. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name John Hollis
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Polly Ann Harris
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Bennett
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 11/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Deland Carter
(b) Address Thayer, Mo.

19. (a) 12-27-48 (b) Ella Crass
(Date received local registrar) (Registrar's signature) llia

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 9 to Nov 9, 1948,
that I last saw her alive on Nov 9, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral & ventricular thrombosis
7 occlusal right hyp

Due to Intercerebral
Due to Stroke

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

Major findings: Of operations _____
Of autopsy 1862
18
10

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 1 1948
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or in public place?

While at work? _____ (Specify type of place)
(e) Means of injury fall

23. Signature Deland Carter (M. D. or other) llia
Address Thayer, Mo. Date signed 12-1-48

RECEIVED 12-30-78
District Health Officer No. 5,
District File Number 1278020
Date Filed 12-31-78

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 *Selma Carter*
Licensed Embalmer No. 4516
P. O. Address *Hayes, 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.