

JAN 13 1939

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4587

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Hampton, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Home   
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days Life (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Hampton, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4209 E. 9th St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Life years.

8. (a) PRINT FULL NAME

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jackson Vaughnt 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July - 31 - 1858  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Smith County Va.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Thomas Ryland

13. Birthplace Michigan  
 (City, town, or county) (State or foreign country)

14. Maiden name Ameyouen

15. Birthplace Michigan  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Grace Vaughnt

(b) Address 4209 E 9th

17. (a) Burial (b) Date thereof Dec-2-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signatures of funeral director W. C. Hendon

(b) Address W. C. Hendon

19. (a) Dec. 1, 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1939 hour 11 minute 18.20 M.

21. I hereby certify that I attended the deceased from November 29, 1939, to November 30, 1939.

that I last saw her alive on November 29, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Myocardial degeneration  
 Due to 131  
Chronic interstitial nephritis  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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? 5

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Frank P. Ray (M. D. or other) Do.

Address 4316 E 9th St. Date signed 12-7-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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. Carpenter*

Licensed Embalmer No. 25555

P. O. Address R.C. 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, above space should be left blank.**