

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21443**

REC'D JUL 15 1940
Registration District No. **5201**

Primary Registration District No. **5201**

Registrar's No. **66**

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

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Rural - Eugene**
(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) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 yrs**
years, months or days

3. (a) PRINT FULL NAME **Harry Lee Vaughn**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruby Mae Thomas Vaughn** 6. (c) Age of husband or wife if alive **about 60** years

7. Birth date of deceased **Sept 3 1879**
(Month) (Day) (Year)

8. AGE: Years **60** Months **9** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Harmon Vaughn**
13. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lizzie Richmond**
15. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Vaughn**
(b) Address **Wakenda, Mo.**

17. (a) **Burial** (b) Date thereof **June 25, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **Willie - Marshall**
(b) Address **Carrollton Mo.**

19. (a) **6-24-1940** (b) **Peter Haskins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll**
(c) City or town **Rural - Wakenda RR.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23rd**
year **1940** hour **10** minute **9** M.

21. I hereby certify that I attended the deceased from **March 16**, 19**40**, to **June 19**, 19**40**; that I last saw him alive on **June 19**, 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** Duration **3 mos**

Due to _____

Due to **12 in**

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

Major findings: Of operations _____

Of autopsy _____

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

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? _____

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

23. Signature **W.G. Atwood** (M. D. or other) **1**
Address **Carrollton Mo** Date signed **6/24/40**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-3-70

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525-

P. O. Address: Camden, Md.

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.