. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27908

Registration District No. 73 — Primary Registration District No. 3006 — Registrar's No. 163

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (specify whether years, months or days) 1

In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon

(c) City or town: Rural #1 Bronaugh (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.

3. (a) PRINT FULL NAME: Ada Ethel Vaughn 250

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: f

5. Color or race: W

6. (a) Single, widowed, married, divorced: m

6. (b) Name of husband or wife: Leonard Vaughn

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Jan (Month) 28 (Day) 1883 (Year)

8. AGE: Years 57 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: "

FATHER 12. Name: John Kendall

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

MOTHER 14. Maiden name: Josephine Davis

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

16. (a) Informant: Hospital Records

(b) Address: Columbia, Mo. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Stevens Cemetery Maundville, Mo

18. (a) Signature of funeral director: Allen Hays

(b) Address: Vernon County 74

19. (a) 8/3/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1940 hour Seven minute 25 P.M.

21. I hereby certify that I attended the deceased from 7-25-40, 1940, to 8-2, 1940, that I last saw her alive on This date 7 25 pm, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Surgical shock. — Duration

Due to: Vulvectomy + bilateral inguinal dissection.

Due to: Squamous carcinoma of vulva, recurrent.

Other conditions: (Include pregnancy within 3 months of death) 4M

Major findings: Of operations: Squamous carcinoma of vulva.

Of autopsy: No other gross findings.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L. P. Kirtz (M. D. or other) MD

Address: Ellis Fischel Hospital Date signed 8/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 W. V. Whitmiles

Licensed Embalmer No. 3893

P. O. Address Salem Ave. 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.