

Registration District No. 566 Primary Registration District No. 5762

1. PLACE OF DEATH: **Mississippi**  
(a) County: \_\_\_\_\_  
(b) City or town: **Anniston**  
(c) Name of hospital or institution: **Highway 55**  
(d) Length of stay: **All of Life**  
In this community: **All of Life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State: **Missouri** (b) County: **Miss.**  
City or town: **Anniston**  
Street No.: **State Highway 55**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: **Annie Harris Vaughn**  
(b) If veteran, name war: **X X X**  
(c) Social Security No.: **X X X**

4. Sex: **Female** 5. Color or race: **White**  
6. (a) Single, widowed, married, divorced: **Widowed**  
(b) Name of husband or wife: **J.L. Vaughn**  
(c) Age of husband or wife if alive: **23** 1868

7. Birth date of deceased: **Oct. 29**  
8. AGE: Years **72** Months **0** Days **29**  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Ballard County Kentucky**

10. Usual occupation: **House wife**  
11. Industry or business: **At Home**

MOTHER FATHER { 12. Name: **N.O. Hayden**  
13. Birthplace: **Not known Kentucky**  
14. Maiden name: **Catherine Booker**  
15. Birthplace: **Not known Kentucky**

16. (a) Informant: **Mrs. O.T. Dalton**  
(b) Address: **Charleston, Missouri**

17. (a) **Burial** (b) Date thereof: **11-24-40**  
(c) Place: burial or cremation: **Charleston, Missouri**

18. (a) Signature of funeral director: **Lair-Nunnelee Service**  
(b) Address: **Charleston, Missouri**

19. (a) **11-28-40** (b) **J. J. Vernon**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **NOV** day **22**  
year **1940** hour **6** minute **55** A. M.  
21. I hereby certify that I attended the deceased from **Nov 18**  
**Nov 18**, 19**40**, to **Nov 22**, 19**40**  
that I last saw her alive on **Nov 22**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Bronchitis**  
Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature: **George W Whitaker** (M. D. or other) **MD.**  
Address: **East Prairie MO** Date signed: **11/27/40**

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

7

FILED DEC 1 1940

RECEIVED

District Health Officer No. 2

District File Number 1240-174

Date Filed 12/4/48

**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 E. C. Munnell

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.**