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FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17604

Registration District No. 210

Primary Registration District No. 6289

Registrar's No. 9

1. PLACE OF DEATH:

(c) County CLINTON

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME MARIAM Q. VAUGHAN

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 SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 22 1954
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 5 24 hr. min.

9. Birthplace CLINTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MANAGER OF FARM

11. Industry or business _____

MOTHER FATHER

12. Name MIDDLETON VAUGHAN

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

14. Maiden name SARAH ANN HOLMES

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

16. (a) Informant Mrs. Edith Barton

(b) Address St. Josephs nurse

17. (a) BURIAL (b) Date thereof May 19 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Zion Clinton County

18. (a) Signature of funeral director F. J. Man

(b) Address Stewartville, Mo.

19. (a) May 17, 1941 (b) Mr. John May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLINTON

(c) City or town HEMPLE
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1941 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 13th
_____, 1941, to May 15th, 1941;
that I last saw her alive on May 15th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Duration years

Due to _____

Due to 13th

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. C. Searks (M. D. or other) _____

Address Stewartville Mo Date signed 5/16/41

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

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..... *Danell R. Lyon*.....
Licensed Embalmer No. *3640*.....
P. O. Address *Plattsburg N.Y.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.