

FILED MAY 6 1942

Registration District No. 83

Primary Registration District No. 1001

Registrar's No. 408

1. PLACE OF DEATH

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hosp. #29  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years  
(Specify whether years, months or days)

In this community 60 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE VAUGHN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 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 October 15 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>59</u>	<u>6</u>	<u>5</u> hr. <u>10</u> min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Perry Vaughn

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

14. Maiden name Julia Voorhies

15. Birthplace 1 Penna.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Voorhies

(b) Address Greentop Mo.

17. (a) Removal Removal

(b) Date thereof Oct 20-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Kirksville Mo.

18. (a) Signature of funeral director W. S. Siders

(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 4-20-42 (b) Rose Hergoy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair 11

(c) City or town Greentop 1  
(If outside city or town limits, write "RURAL")

(d) Street No. B.F.D. 1 7  
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 4-8-42, 1942 to 4-20-42, 1942;  
that I last saw him alive on 4-20-42, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Subphrenic abscess 10 da  
Perforation of Gall Bladder  
Acute Cholecystitis 11 da

Other conditions (include pregnancy within 3 months of death) 129

PHYSICIAN

Major findings: Large anterior  
Subphrenic abscess

Of operations 129

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? (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 David Edwards (M. D. or other) MD  
Address St. Joseph Mo Date signed 4-20-42

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.....

*Robert E. Harrington*

Licensed Embalmer No.....

*3258*

P. O. Address.....

*St. Joseph, 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.**