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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 30594

Registrar's No. 412

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: 1130 Sergeant Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 3 hrs 22 min. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

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

(d) Street No. 1130 Sergeant Avenue (If rural, give location)

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

If yes, name country 0

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3. (a) PRINT FULL NAME MELBA FERN VAUGHN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September 27, 1942 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 22 min.

9. Birthplace Joplin, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Richard Vaughn
13. Birthplace Vernon, Alabama 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Pearson
15. Birthplace Joplin, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Richard Vaughn

(b) Address 1130 Sergeant, Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-42 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mort.

(b) Address Joplin, Missouri

19. (a) 9-28-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September 27 year 1942 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from Sept. 27, 1942 to Sept 27, 1942 that I last saw her alive on September 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Patent Cardiac foramen (Blue Baby)

Due to Premature 8 mos.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 2

23. Signature H. J. Marbough (M. D. or other) D.O.

Address Joplin Mo. Date signed 9-28-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.9.888

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**