

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 0 yrs - 5 mos - 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural Lees Summit
(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 10 day 10 #
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/5 1942 to 10/14 1942
that I last saw her alive on 10/12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile debility

Duration

Due to _____

Due to _____

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 0

23. Signature J. W. Greene (M. D. or other) _____
Address Independence Date signed 10/5-42

3. (a) PRINT FULL NAME Lavona Vaughn

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 14, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records Jackson County

(b) Address Little Blue, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42
(Month) (Day) (Year)

(c) Place: burial or cremation Steubille, Mo. an

18. (a) Signature of funeral director J. Jones

(b) Address Steubille Mo.

19. (a) Oct 5, 1942 (Date received local registrar) (b) S. H. Schick (Registrar's signature) Address Depue Date signed 10/5-42

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

48
00

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.B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit Dr

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.