

LED MAR 20 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1181

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1315 East 8th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Vaughan, Wade Hampton

3. (b) If veteran, name war None 3. (c) Social Security No. 490-09-1294

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased Feb 14 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>21</u>hr.min.

9. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business.....

MOTHER FATHER

12. Name Edwin L. Vaughan

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

14. Maiden name Mary Jane Brown

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

16. (a) Informant Wade H. Vaughan Jr.

(b) Address 1315 East 8th St.

17. (a) Burial (b) Date thereof 3-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Faceman, Undertaker

(b) Address 104 N 42 St.

19. (a) 3-8-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1943 hour 9 minute 58 A.M.

21. I hereby certify that I attended the deceased from 2-9-43 to 3-5-43 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic ileus with ideopathic stricture of ileum with necrosis

Due to Benign prostatic hypertrophy with bilateral hydroureter

Due to.....

Other conditions Lobar pneumonia
(Include pregnancy within 3 months of death)

Major findings: no
Of operations.....

Of autopsy See above

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 Dr. R. Thorn (M. D. or other).....
Address Med. Dir. K.C. Gen. Hospital Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.