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7-19
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21189

JUL 10 1943 77
Registration District No. 77

Primary Registration District No. 3014

State File No. _____

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community 3 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Linn, Mo. R.D.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD VAUGHAN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Vaughan 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased April 27 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Osage County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name TJ VAUGHAN
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Cordelia Taylor
15. Birthplace Osage County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Vaughan
(b) Address Linn Mo R.D.

17. (a) Burial (b) Date thereof 7-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linn Public Cemetery

18. (a) Signature of funeral director Vernon J. Norton
(b) Address Linn Mo

19. (a) 7-3-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2
year 1943 hour 7:10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 7-1-43 to 7/2/43
that I last saw him alive on 7/2/43 and that death occurred on the date and hour stated above.

Immediate cause of death encephalitis non Epidemic

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no

Duration _____
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 H. H. Rambo (M. D. or other) _____
Address 1 1/2 mo. Date signed 7/3/43

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 *Vernon M. Morton*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Leim, 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.