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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 1099

Registrar's No. 12034

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 79
(a) State Mo. (b) County Perry
(c) City or town Silver Lake
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Linnley Vaughn
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emily Clampitt
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 14, 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	17	hr. min.

9. Birthplace Perry County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Randolph Vaughn
13. Birthplace Perry County (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Kathryn Townsley
15. Birthplace Perry County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Prince Vaughn
(b) Address Perryville, Mo.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1944 (Month) (Day) (Year)
(c) Place: burial ~~xxxxxxx~~ Perryville, Mo. Cedar Fork Cemetery -
18. (a) Signature of funeral director Bey Funeral Home
(b) Address Perryville, Mo.
19. (a) DEC 31 1943 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 43 hour 10 minute 00 P M.
21. I hereby certify that I attended the deceased from Dec 14th, 1943, to Dec 31, 1943
that I last saw him alive on Dec 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Gangrene R. Leg. 2 M.
Due to Diabetes - Indefinite
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Gangrene of Leg. Right
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature John D. Hayward (M. D. or other)
Address Metropolitan Bldg Date signed 1-3-44

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Bey

Licensed Embalmer No. 386

P. O. Address Perryville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.