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FILED FEB 14 1944

State File No.

Registration District No. 212

Primary Registration District No. 5-7-7-9

Registrar's No. 4

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town Eldon "RURAL"
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MILLER
(c) City or town Eldon "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. FRANKLIN TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JEFF DAVIS VAUGHAN

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

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife MARTHA VAUGHAN
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 26 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 16 hr. min.

9. Birthplace MONTEAU, Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JOSH VAUGHAN
13. Birthplace MO.
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN WYRICK
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Bill Vaughn
(b) Address Eldon Mo.

17. (a) Burial (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillips, Cemetery

18. (a) Signature of funeral director Phillips FUNERAL HOME
(b) Address Eldon Mo.

19. (a) Jan 11-44 (b) W. D. Waller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1943 to 1/10/44, 1943
that I last saw him alive on Dec 25/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Throat Duration _____

Due to _____
Due to _____

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

Major findings: 4.5 f PHYSICIAN _____
Of operations _____
Of autopsy _____
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 W. D. Waller (M. D. or other) _____
Address Eldon Mo Date signed 1/14/44

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

RECEIVED

Miller County Health Dep't.

County File Number 44-22

Date Filed 1-7-64

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.....

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Ballou

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.