V. S. No. 2
00M—5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21801

FILED JUL 13 1944

Registration District No. 756 Primary Registration District No. 2001 Registrar's No. 306

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Smith Nursing Home 2215 Empire
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
In this community 7 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town 1030 West 11st 999 (If outside city or town limits, write "RURAL")
(d) Street No. Baxter Springs 14 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ROBERT R. VAUGHN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 15 1868 (Month) (Day) (Year)

8. AGE: Years 75 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Paladski (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business (Retired)

MOTHER FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs D. J. Alford
(b) Address 1030 West 11st Baxter Springs Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Baxter Springs, Kansas

18. (a) Signature of funeral director Hastens Funeral Home
(b) Address Baxter Springs Kansas

19. (a) 6-19-44 (Date received local registrar) (b) Justus Spielhaller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 1944 hour 4 minute 50 A M.

21. I hereby certify that I attended the deceased from 6-16-44 6-17, 1944 to 6-17, 1944; that I last saw h— alive on 6-17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	5 days
Due to Cardio-vascular-renal hypertension with	years.
Due to Cerebral hemorrhage.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 a
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. E. Mahoney Jr (M. D. or other) Do.
Address Joplin, Mo Date signed 6/19/44

(Licensed Embalmer's Statement on Reverse Side)

1264

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

44-6-513

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 Hodgens Funeral Home Baxter Springs Kansas, Registered Apprentice No. ....., working under my personal supervision.

Signed J Lance Wene

Licensed Embalmer No. 2880 Mo.

P. O. Address Baxter Springs Kansas

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.