

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 20 1944

Registration District No. 20498A

Primary Registration District No. 5423

Registrar's No. 73

1. PLACE OF DEATH:

(a) County DeWitt

(b) City or town Smith Rural 1 Siler  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Twenty one years  
years, months or days

3. (a) PRINT FULL NAME Estella Jane Vaughn

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Andrew Vaughn

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 13 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home Keeper

11. Industry or business \_\_\_\_\_

12. Name Nathan Neighbors

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

14. Maiden name Nettie Bennett

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

16. (a) Informant Dr. Ferrell

(b) Address Russell 1 Rural

17. (a) Burial (b) Date thereof 6-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Liberty Funeral Home

(b) Address Russell 1 Mo.

19. (a) 6-28-44 (b) H. O. Sterey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeWitt

(c) City or town Smith 1 Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24  
year 1944 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from 3-6 1944 to 6-24 1944  
that I last saw her alive on 6-23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of Colon 6-8-44  
Duration

Due to carcinoma of uterus about 2 years  
metastatic to Rectum & Colon

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: H&H  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. J. B. Ferrell (M. D. or other) MD  
Address Smith Mo Date signed 24-44

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

005005

JUL 25 1944

RECEIVED

District Health Office No. 2,

District File Number 744-920

Date Filed 7-5-44

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 Walter Hawkins

Licensed Embalmer No. 2007

P. O. Address Kennett, 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.