. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9202

FILED APR 3 1945

Registration District No. 12 Primary Registration District No. 1000 Registrar's No. 313

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 2 mos (Specify whether years, months or days) In this community 17 days 4 yrs

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: Jackson
(c) City or town: K.C. Mo 111 (If outside city or town limits, write "RURAL")
(d) Street No. 3628 Paseo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Goldie Vaughn
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Not given
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 13 (Day) 1888 (Year)

8. AGE: Years 56 Months 5 Days 3 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Power Machine Operator
11. Industry or business: Not given
FATHER
12. Name: Not given
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Frances Harney
(b) Address: 3628 Paseo KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Independence Mo.
18. (a) Signature of funeral director: Carson Funeral Home
(b) Address: Indep Mo
19. (a) 3-16-45 (Date received local registrar) (b) Helen L. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/16 day year 1945 hour 2 minute 9 M.
21. I hereby certify that I attended the deceased from Mar 13, 1945 to Mar 16, 1945 that I last saw her alive on Mar 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia of the brain — Duration: a few hours
Due to: Cerebral arteriosclerosis — a few years
Due to: Probably her age
Other conditions (Include pregnancy within 3 months of death): premature
Major findings:
Of operations: None
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: [illegible] (M. D. or other)
Address: State Hospital #2 Date signed 3/16/45

1377

(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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Independence Me

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.