

FILED MAY 10 1945
Registration District No. 3008

Primary Registration District No. 3008

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. 329 N. 8th (If rural, give location) _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elwood A. Vaughn
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. day 15
 year 1945 hour 9 minute 55 P. M.
 21. I hereby certify that I attended the deceased from 1-5 1945 to 4-15 1945
 that I last saw him alive on 4-10 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive or years 27 1867
 7. Birth date of deceased Apr. (Month) 27 (Day) 1867 (Year)

Immediate cause of death wrenia
 Due to Pylonephritis 12 mo.
 Due to Urteral Stricture 15 yrs.
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations none
 Of autopsy none

8. AGE: Years 69 Months 11 Days 18 If less than one day _____ hr. _____ min.
 9. Birthplace Guthrie (City, town, or county) Missouri (State or foreign country)
 10. Usual occupation Retired Janitor

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 MOTHER FATHER { 12. Name D.K.
 13. Birthplace D.K. (City, town, or county) _____ (State or foreign country)
 14. Maiden name Frances Foster
 15. Birthplace Guthrie (City, town, or county) Missouri (State or foreign country)
 16. (a) Informant Alexander King
 (b) Address Fulton, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19-45 (Month) (Day) (Year)
 (c) Place: burial or cremation So. Side Cemetery, Fulton, Mo.
 18. (a) Signature of funeral director Eli Bell
 (b) Address Fulton, Mo.
 19. (a) Apr. 18-1945 (Date received local registrar) (b) Josie Moserhoff (Registrar's signature)

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 _____
 Signature Jolin J. Brown M.P. (M. D. or other) _____
 Address Fulton Date signed 4-17-45

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

4
1
2

1147

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-9-45

MAY 16 1945

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fullon, 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.