. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38711

Registration District No. 324 Primary Registration District No. 6-73 Registrar's No. 166

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall - Tang
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Guthrie
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HELEN - VAUGHN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 2

5. Color or race Black

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 21 (Day) 1938 (Year)

8. AGE: Years 7 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Robert Vaughn
13. Birthplace Callaway (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Dollie Benan
15. Birthplace Callaway (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Records Mo State School
(b) Address Marshall - Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Bloomfield Mo

18. (a) Signature of funeral director Campbell Lunn
(b) Address Marshall Mo

19. (a) 11-2-45 (Date received local registrar) (b) Mrs T. Quarthook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1945 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct-29, 1945, to Nov 2, 1945, that I last saw her alive on Nov 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	5 Days
Due to —	
Due to	
Other conditions Epileptic (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 108

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. S. Kelly (M. D. or other)
Address Marshall - Mo Date signed 11/2/45

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File 12-11-45
Date Filed

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 Jas. H. Pence

Licensed Embalmer No. 1171

P.O. Address Marshall 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.