S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17034

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on arrival (Specify whether
In this community ALL LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 626 Byers Ave. 5
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Daniel Vaughn.
3. (b) If veteran, name war World War #2
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 13, (Month) (Day) 1902 (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	8	17	hr. min.

9. Birthplace Neck City, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Railroad worker
FATHER
12. Name Othel Bray
13. Birthplace DK 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Tessie Shaw
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Tessie Vaughn
(b) Address 626 Byers Ave, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 4-2-46 (Date received local registrar) (b) Billie Pearson D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 1946 hour 11:40 minute A. M.
21. I hereby certify that I attended the deceased from Did not see alive. 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by 38 Caliber.
Due to Self inflicted gun shot wound to Head
Due to
Other conditions (Include pregnancy within 3 months of death) Signed by Dr. Dieffelt's Assistant.
Major findings: Of operations Dr.
Of autopsy Investigation.

Duration

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) Suicide
(b) Date of occurrence 3-31-46
(c) Where did injury occur? Joplin, Jasper, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 626 Byers St. (Specify type of place)
While at work? (e) Means of injury 38 Caliber,
23. Signature Dr. Ralph E. Irish (M.D. or other) D.O.
Address 214 Joplin, Joplin, Mo. Date signed 3-31-46

(Licensed Embalmer's Statement on Reverse Side)

+ 6-4-3+6

MAY 23 1946

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 K. Lyman White

Licensed Embalmer No. 4240

P. O. Address Joplin, 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.