

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **23958**

**FILED** JUL 28 1946

Registration District No. **4508** Primary Registration District No. **5572**

Registrar's No. **113**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson** (near Lee's Summit)  
 (b) City or town **(no)**  
 (c) Name of hospital or institution: **3**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: **In hospital or institution** (Specify whether)  
 In this community **Lifetime** years, months or days

**3. (a) PRINT FULL NAME** **SHERMAN VAUGHN JR.**  
 3. (b) If veteran, name war: **NO** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**  
 6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased **AUG 4 1938**  
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<b>7</b>	<b>11</b>	<b>0</b>	hr. _____ min.

9. Birthplace **KANSAS CITY, MISSOURI**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

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

**MOTHER FATHER**  
 12. Name **SHERMAN VAUGHN**  
 13. Birthplace **MISSOURI**  
 14. Maiden name **RUBY HARRIS**  
 15. Birthplace **LOUISIANA**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Sherman Vaughn**  
 (b) Address **2001 E. 24th St. Jerr**

17. (a) **Burial** (b) Date thereof **JULY 10 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **KC Mo., BRL**

18. (a) Signature of funeral director **Philip Greenstreet**  
 (b) Address **1819 E. 11th St. K City**

19. (a) **7/8/46** (b) **Paul J. Bane**  
 (Date received local authority) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2001 E. 24th St. Jerr**  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **7** day **4**  
 year **1946** hour **2** minute **10-P.** M.

21. I hereby certify that I attended the deceased from **10 Deputy Coroner** 19\_\_\_\_ to **Corne** 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Drowning** Duration \_\_\_\_\_

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

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

Other conditions **Same as above**  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **no - Post 183 36**

**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) **Accident**  
 (b) Date of occurrence **7-4-46**  
 (c) Where did injury occur? **Lee's Summit Mo.**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Prairie Lee Lake**  
 (Specify type of place) (e) Means of injury **Drowning**

23. Signature **W. Williams** (M.D. or other) \_\_\_\_\_  
 Address **2634 Brooklyn** Date signed **7-7-46**

JUL 23 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 *W. G. Johnson*.....

Licensed Embalmer No. *4383*.....

P. O. Address *1819 E. 15<sup>th</sup> St. K.C.*.....

**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.**