

FILED SEP 24 1946

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few minutes
(Specify whether)

In this community entire life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri; "(b)" County Laclede

(c) City or town Lebanon
(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 George Andrew VAUGHN

3. (b) If veteran, name war World War II

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/10/46
_____ 19____ to 9/10/46 _____ 19____;
that I last saw him alive on 9/10/46 _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased: Feb. 11 1927
(Month) (Day) (Year)

Immediate cause of death Basal Skull fracture
fractured left femur
multiple lacerations

Duration
30 min
30 min

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

19 6 29 hr. _____ min.

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

Major findings:
Of operations _____

Of autopsy Call. with adm. M.D.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Harley Vaughn

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Florence Ludy

15. Birthplace Michigan
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide~~ or homicide (specify) Auto Collision

(b) Date of occurrence 9/10/46

(c) Where did injury occur? Hazelgreen Laclede Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66
While at work? No (Specify type of place) (e) Means of injury Auto acc.

23. Signature John W. Beckham (M. D. or other) M.D.
Address 1182 W. Commercial Date signed 9/14/46

16. (a) Informant C. H. Snyder

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 9-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolles Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo.

19. (a) Sept 21, 1946 (b) Chs Frankberger
(Date received local registrar) (Registrar's signature)

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

Received 9-25-46
Laclede County Health Unit
File No. 9-46-136
Date Filed 9-25-46

OCT 8 1946
OCT 11 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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.