

FILED JUN 2 1947

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Paris, Salt River Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
H. #3 Mexico, Mo. 17
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. H. #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Harrison Vaughn

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased March 16, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>2</u>	<u>5</u>	hr. _____ min.

9. Birthplace Audrain County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name James S. Vaughn

13. Birthplace Monroe County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary H. Roland

15. Birthplace Vernon County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Vaughn

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 5/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Monroe Co. Mo.

18. (a) Signature of funeral director Clara Anderson

(b) Address Mexico, Mo.

19. (a) 5/22/47 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 21st, year 1942 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from Coroner's Case to Case, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning
he was wedding in the creek at his home 6 miles south of Mexico, Mo. was run by his father 2 yrs old, go down in the water. Was found by his father was dead when taken from the water.
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations None
Of autopsy None

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 May 21 - 1942
(c) Where did injury occur? Cudrain Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

While at work? No (Specify type of place) (e) Means of injury drowning

23. Signature L. C. Adams (M. D. or other) 3
Address Mexico, Mo Date signed 5-22-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 547-912
Date Filed MAY 28 1947

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 *Clas Amador Jr*

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.