

**FILED MAY 20 1947** 49

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

Registrar's No. **2027**

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
1708 E. 11th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 4 Mo.  
years, months or days

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**3. (a) PRINT FULL NAME** Wess Vaughn

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Minnie Vaughn

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan. - 18 -- 1886  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	61	3	13	_____ hr. _____ min.

9. Birthplace Columbus  
(City, town, or county) Ark.  
(State or foreign country)

10. Usual occupation Farmer

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

**MOTHER FATHER**

12. Name Dought Vaughn

13. Birthplace Unknown  
(City, town, or county) 9  
(State or foreign country)

14. Maiden name Susanne Green

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

16. (a) Informant Susanna Johnson

(b) Address 1019 Michigan

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 5/6/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 5-6-47  
(Date received local registrar) (b) Geraldine Holmes  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1708 E. 11th **8**  
(If rural, give location)

(e) Citizen of foreign country? No **0**  
(Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1st day May  
year 1947 hour 3 minutes 55 A.M.

21. I hereby certify that I attended the deceased from Jan 26  
1947, 19\_\_\_\_, to May 1st  
1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
**1 1/2**

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

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

Other conditions 836  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Thos. G. Jones  
Address 1612 E. 7th St. Date signed 5/7/47

Duration \_\_\_\_\_

**PHYSICIAN**  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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.....

*E. Sterling Bills*  
Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., Kansas City

**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.**