

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:
Freeman
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 (Specify whether
 In this community 20 years
 years, months or days)

3. (a) PRINT FULL NAME John Vaughn
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 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 August 1, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 7 _____ hr. _____ min.

9. Birthplace no record (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name no record

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

14. Maiden name " " (City, town, or county) (State or foreign country)

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

16. (a) Informant From Social Security records

(b) Address _____

17. (a) Burial (b) Date thereof 4-10-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 4-16-47 (b) Salvatore Samplis
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Rural, R#3
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
 year 1947 hour 10 minute 00 AM.

21. I hereby certify that I attended the deceased from March 7
1947 to April 7, 1947.
 that I last saw him alive on April 7, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary infarction Duration 8 hrs

Due to arteriosclerotic heart disease ?

Due to Generalized arteriosclerosis ?

Other conditions fracture left femur with impaction 1 month

Major findings:
 Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 Of autopsy _____

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) _____

(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? _____

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

23. Signature Edward J. Kelce (M. D. or other) M.D.
 Address Joplin, Missouri Date signed 4/11/47

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

MOTHER FATHER

47-4-368

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..... *F. M. Jones*
Licensed Embalmer No. *2319*
P. O. Address..... *Josephine Ave*

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.....

FILED JUN 4 1947

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

John Vaughan

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

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased aug 1 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days _____ (Less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-16-47 (b) Dolores Tompkins (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.

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

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 March 2, 1947
(c) Where did injury occur? Joplin, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

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

23. Signature Edward H. Bline (M. D. or other) M.D.
Address 7th St. City, Mo. Date signed 6/10/47

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

SUPPLEMENTARY

FILED

17832