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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17833

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. -

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: St Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution March 19th (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 626 Byers Ave 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Tessie M. Vaughn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 28 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	3	28	hr. min.

9. Birthplace Tarko (City, town, or county) Missouri 6 (State or foreign country)
10. Usual occupation
11. Industry or business house-work
FATHER
12. Name Ersatus Shaw
13. Birthplace Tarko (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Mary Jane Hill
15. Birthplace Tarko (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs Chloe McKay
(b) Address Carterville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri.
19. (a) 4-29-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1947 hour 9 minute 37 p M.
21. I hereby certify that I attended the deceased from January 20, 1946 to April 25, 1947;
that I last saw her alive on April 25, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction	4 days
Due to Carcinoma of the colon	1½ yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0
23. Signature [signature] (M. D. ~~or other~~)
Address 308 Frisco Bldg, Joplin, Mo. Date signed 4-28-47

(Licensed Embalmer's Statement on Reverse Side)

47-4-385

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Jasper }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 6th day of May, 1947, before me appears Thornhill Dillon Mortuary, who, upon their oath, states that the original record of ~~birth~~ death for Jessie M. Vaughn, died ~~born~~ April 25, 1947, in the State of Missouri, and which was filed at Joplin on 4-29, 1947, should be corrected as follows:

Item No. 7 should read December 28, 1883

Instead of December 28, 1863

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thornhill-Dillon Mortuary
Relationship.

Joplin, Mo.
Present Address.

Subscribed and sworn to before me this 6th day of May 1947.

My Commission expires My Commission Expires January 11, 1948 V. D. Acuff Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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