

No. 2
12-45
5-17-39
X47070

State File No. _____

FILED JUN 30 1947

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 765

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether In this community 13 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Andrew 2

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. #1, Savannah, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Herman Vaughn

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June - day 14
year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 6.12.47 19 to 6.14.47 19
that I last saw him alive on 6.14.47 19
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 11 1883
(Month) (Day) (Year)

Immediate cause of death: Broncho pneumonia

Due to: right cerebral hemorrhage

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

8. AGE:	Years	Months	Days	If less than one day
	64.	4	3	hr. min.

Major findings: _____

Of operations: _____

Of autopsy: _____

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

9. Birthplace: Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name: Joseph H. Vaughn

13. Birthplace: Unknown Pasal Virginia
(City, town, or county) (State or foreign country)

14. Maiden name: Berninnie Pasal Germany

15. Birthplace: Berlin Germany 4
(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) _____

(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: J. P. R. [Signature] (M. D. or other) _____
Address: St. Joseph, Mo. Date signed: 6.18.47

16. (a) Informant: W. J. Vaughn

(b) Address: St. Joseph, Mo.

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

(c) Place: burial or cremation Sayannah Cemetery

18. (a) Signature of funeral director: Heaton - Burdman

(b) Address: St. Joseph, Mo.

19. (a) 6-21-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

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

JUN 12 1951

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 Ernest Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 319 So 10th St. Joseph, 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.