

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20717

FILED JUL 14 1947  
Registration District No. 5477

Primary Registration District No. 5477

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Shenton, Mo RR #5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. Shenton, Mo RR #5 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

3. (a) PRINT FULL NAME MARTHA RUTH VAUGHN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased June 3 1947 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>15</u>	hr. min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Junice Dale Brown

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

14. Maiden name Dorothy Vaughn

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

16. (a) Informant Sister M. Sharp

(b) Address Shenton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Raymond A. Dams

(b) Address Shenton, Mo

19. (a) 6-19-47 (Date received local registrar) (b) Jane Law (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1947 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw her alive on June 18, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death I saw the babe at about 4 A.M. on June 18, 1947 - Due to malnutrition, probably premature.

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 15

Of autopsy \_\_\_\_\_

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 0

23. Signature Bertha E. Sheehy (M. D. or other) Address Shenton Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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.....

*Raymond A. Blain*....., Registered Apprentice No. *3424*,  
working under my personal supervision.

Signed *Raymond A. Blain*.....

Licensed Embalmer No. *3424*.....

P. O. Address. *Juntura 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.**