

No. 2
12-45
-17-39
X47070

FILED AUG 13 1947

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 131

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town WEBB CITY, MO. RURAL RT 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MINERAL TOWNSHIP; RURAL /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether)
In this community ENTIRE LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jasper 49
(c) City or town Rural Webb City Rt 1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Rt 1 5 miles north of Webb City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAWRENCE EDWIN VAUGHAN

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

4. Sex M Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife FERN VAUGHAN
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug. 14 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 22 hr. min.

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

10. Usual occupation RETIRED (CATTLE BREEDER)

11. Industry or business

MOTHER FATHER
12. Name Herrod Marshall Vaughan
13. Birthplace Studiville MO
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Joyce
15. Birthplace Marion Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Fern Vaughan

(b) Address Webb City Rt 1 MO

17. (a) Burial (b) Date thereof Aug 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem

18. (a) Signature of funeral director Johnston Arnes Johnson

(b) Address Webb City Mo

19. (a) AUG 3; 47 (b) W. D. Hutchins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-6 day
year 1947 hour 3 minute 30A M.

21. I hereby certify that I attended the deceased from
11-11-1940 to 8-6-1947
that I last saw him alive on 8-6-1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Progressive muscular atrophy possibly due to head injury - 11-11-40
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
156 B

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) (c) Means of injury

23. Signature W. D. Hutchins M. D. Date signed 8/7/47
Address Webb City Mo

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

47-8-618

FEB 6 1949

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 myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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!