S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 27 1947

Registration District No. 1517

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 34817

Registrar's No. 217

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 N. Maple St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 301 N. Maple St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country: ------

3. (a) PRINT FULL NAME: ELLEN NORA VAUGHN
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: George Vaughn
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: February (Month) 4 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	8	10	....hr. ....min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation: retired housewife
11. Industry or business: at home
MOTHER FATHER
12. Name: George Powers
13. Birthplace: unknown (City, town, or county) Indiana (State or foreign country) 1
14. Maiden name: Amanda Caldwell
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 6
16. (a) Informant: Mrs. Lenna Castor
(b) Address: 301 N. Maple St., Carthage
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo
19. (a) 10-15-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1947 hour 11 minute 32 a. M.

21. I hereby certify that I attended the deceased from 10/10, 1947, to 10/14, 1947; that I last saw her alive on 10/14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage, cerebral	4 days
Due to: Old cerebral hemorrhage with partial left hemiplegia	6 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death): Generalized arteriosclerosis	years 3 days
Left femoral thrombophlebitis	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature: Charles F. Schell (M. D. or other) M.D.
Address: 347 S. Main, Carthage Date signed: Oct. 15, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-10-796

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.