S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 41057

Registrar's No. 442

**1. PLACE OF DEATH:**

(a) County Callaway

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

(c) Name of hospital or institution: 1211 Westminster
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Callaway 14

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

(d) Street No. 6½ miles W. NewBloomfield, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Gasper Vaughan

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Caroline M. Dorton

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

7. Birth date of deceased 7 (Month) 22 (Day) 1855 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 92 | 4 | 24 | hr. min. |

9. Birthplace Boone Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Sandy Vaughan
13. Birthplace Pull pepper Co. (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Elizebeth Bullard
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant A P Vaughn
(b) Address Ashland, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Dryfork Cemetary

18. (a) Signature of funeral director Ray A. Holt
(b) Address NewBloomfield, Missouri

19. (a) 12-23 1947 (Date received local registrar) (b) Josie Morsund Hoff (Registrar's signature) 39

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 16 year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-20- 1947, to Death 19..., that I last saw him alive on Dec. 7 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinomatosis | 1 mo |
| Due to Carcinoma Stomach | 3 |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

46 B

Major findings:
Of operations none
Of autopsy none

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 John J. Brown (M. D. or other) M.D.
Address Fulton, Mo Date signed 12-20-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/5/48

## 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 Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, 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.**