

FILED SEP 13 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 940

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb 32
(c) City or town Union Star, Mo.
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Paul C. VauGilder
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MC 0 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Merline VauGilder
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept 13, 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 19
If less than one day hr. _____ min. _____

9. Birthplace Union Star, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired produce dealer

MOTHER FATHER

11. Industry or business _____
12. Name Abraham W. VauGilder
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Newman
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Merline VauGilder
(b) Address Union Star, Mo.
17. (a) Burial (b) Date thereof Sept 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Luede M. Wilson
(b) Address King City, Mo.
19. (a) Sept 3, 1948 (b) J. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2
year 1948 hour 5 minute AM
21. I hereby certify that I attended the deceased from Jan 1946
to Sept 2, 1948
that I last saw h.f.m. alive on Aug 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & myocardial degeneration
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations 930
Of autopsy _____
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? _____

23. Signature Zaccharias (Specify type of place) _____ (e) Means of injury _____
While at work? _____ (M. D. or other)
Address King City, Mo. Date signed 10/1/48

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

SEP 27 1948

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..... *Lucile M. Wilson*

Licensed Embalmer No..... *2830*

P. O. Address..... *King 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.