

REC'D MAY 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15322

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 574
(b) Township Linn Primary Registration District No. 5227A Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Franklin Vaughan 250

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jella Love

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co13. NAME Jamers Vaughan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burgess15. MAIDEN NAME Elizabeth Marshall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co17. INFORMANT (ADDRESS) Leg R Vaughan
Lopus mo18. BURIAL, CREMATION, OR REMOVAL PLACE mt Zion DATE 4/22 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) William S. Gindney
California mo20. FILED April 23 1938 Wm Abbie Ouel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 193822. I HEREBY CERTIFY, That I attended deceased from 4-16 1938 to 4-20 1938I last saw him alive on 4-19 1938 Death is saidto have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 4/17/38Other contributory causes of importance: 10/5

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A R Meredith, M. D.506 (Address) Praine House mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.