

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31883

State File No. \_\_\_\_\_

FILED OCT 2 1947

Registration District No. 223

Primary Registration District No. 4334

Registrar's No. 17

1. PLACE OF DEATH:

(a) County... Moniteau Co  
(b) City or town... Latham, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Latham, Mo /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
Life (Specify whether  
In this community...  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Moniteau 68  
(c) City or town... Latham, Mo 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No... Latham, Mo 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julia Bell Vaughan

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

4. Sex... Female 5. Color or race... White 6. (a) Single, widowed, married, divorced... Widowed  
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... July 26 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 28 hr. min.

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

10. Usual occupation... House Wife

11. Industry or business...  
12. Name... James Gray

13. Birthplace... North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name... Susan Deatharage

15. Birthplace... Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant... Logan Vaughan  
(b) Address... Clarksburg, Mo

17. (a) Burial (b) Date thereof... Sept. 25. 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Mount Zion Cemt

18. (a) Signature of funeral director... Bowlin Funeral Home  
(b) Address... California, Mo

19. (a) Mississippi R. Yarnett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Sept day... 23 year... 1947 hour... 6 minute... P M.

21. I hereby certify that I attended the deceased from Aug 3 1947, to Sept 23 1947, that I last saw her alive on Sept 23 1947, and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral hemorrhage Duration 2 days

Due to... Generalized arteriosclerosis 5 years

Due to \_\_\_\_\_

Other conditions... (include pregnancy within 3 months of death)

Major findings: Of operations... 83A

Of autopsy \_\_\_\_\_

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... Keryn Latham (M. D. or other) \_\_\_\_\_  
Address... California, Mo Date signed... 9-24-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.