

FILED MAY 6 1947

Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 154

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Doe Run
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Z. T. Vaughan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Belle Vaughan 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased November 17 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Self

12. Name Unknown 9

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

14. Maiden name Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Z. T. Vaughan

(b) Address Doe Run, Mo

17. (a) Burial (b) Date thereof May- 4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Taylor, Flat River, Mo

19. (a) 5-2-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Doe Run
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st.
year 1947 hour 5:25 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 1947 to May 1 1947.
that I last saw him alive on May 1 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart
Dilatation - Duration 30 min.

Due to Pneumo-Pneumonia 1 week.

Due to Fluoral Effusion &
Pain 3 wks.

Other conditions (Include pregnancy within 3 months of death)
Myocarditis

Major findings: Of operations _____

Of autopsy 93%

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Geo. H. Watkins (M. D. or other) _____

Address Formosa, Mo. Date signed 5-2-47

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

RECEIVED

District Health Officer No. 4
District File Number 547-625
Date Filed 5-5-42

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 *Murphy Sparks*
Licensed Embalmer No. *4236*
P. O. Address *Flat River, 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.