

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18196

Registration District No. 222

Primary Registration District No. 4339

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Clarksburg
(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 THOMAS JEFFERSON 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 Myrtle Vaughan 6. (c) Age of husband or wife if alive, years 1873
7. Birth date of deceased Aug 3 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Hampton Vaughan
13. Birthplace Dont know (City, town, or county) (State or foreign country)
14. Maiden name Polly Cain
15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thomas Vaughan
(b) Address Clarksburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation mt. Zion

18. (a) Signature of funeral director Thos E Williams
(b) Address California Mo.

19. (a) 4-5-47 (Date received local registrar) (b) Burdie Sturgis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Mar 3 to May 2, 1947.
that I last saw him alive on April 24, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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

23. Signature Burdie Sturgis (M. D. or other) D.O.
Address California Mo Date signed 5/3/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-15-47

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 Hugh E. Williams
Licensed Embalmer No. 3537
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.