

AUG 21 1940  
-10-39  
7-39  
X21492

Registration District No. 651

Primary Registration District No. 4388

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

Registrar's No. 70

**1. PLACE OF DEATH:**

(a) County Pemiscot

(b) City or town Cauthersville  
(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 2 yrs. years, months or days (Specify whether \_\_\_\_\_)

**3. (a) PRINT FULL NAME** Dorace Franklin Vickers

**8. (b) If veteran,** name war 2 **8. (c) Social Security** No. 4

**4. Sex** Male **5. Color or race** white

**6. (a) Single, widowed, married, divorced** 2

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** 7 3 1938  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>1</u>	<u>11</u>	<u>29</u>	hr. _____ min.

**9. Birthplace** Cauthersville Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**MOTHER**

**FATHER**

**12. Name** Carsey Vickers

**13. Birthplace** June 6  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mabel Jones

**15. Birthplace** Pemiscot Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Carsey Vickers

**(b) Address** Cauthersville, Mo.

**17. (a) Burial** 7-3-1940 **(b) Date thereof** \_\_\_\_\_  
(Burial, cremation, etc.) (Month) (Year) (Year)

**(c) Place: burial or cremation** Maple Cemetery

**18. (a) Signature of funeral director** N. B. Smith

**(b) Address** Cauthersville Mo.

**19. (a) July 13, 1940** **(b) Uda Martin**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot

(c) City or town Cauthersville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 7 day 2  
year 1940 hour 5 minute 0 A. M.

**21. I hereby certify that I attended the deceased from** July 15  
\_\_\_\_\_ 1940 to July 22 1940  
that I last saw him alive on July 22 1940  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Acute Colitis

**Duration** \_\_\_\_\_

**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?  
505 \_\_\_\_\_  
While at work (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** Uda Martin (M. D. or other) \_\_\_\_\_  
Cauthersville Mo Address Date signed 7-12-40

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

8-40-28

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**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 the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.