

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29583

Registration District No. 839

Primary Registration District No. 6101

Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural
(c) Name of hospital or institution: Rickland Turn
(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

8. (a) PRINT FULL NAME Alapa Lorene Vickery
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Vickery 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased February 14 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>3</u>	<u>5</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Shirley Dawson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edna Suggs
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Vickery
(b) Address R. 1 Essex
17. (a) Burial (b) Date thereof May 21 1941
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Essex Cemetery

18. (a) Signature of funeral director Walter's Funeral Home
(b) Address Essex, Mo.
19. (a) 7/27/41 (b) J. P. Brandon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Essex - Mo. R. 10
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 20 day May year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 17 1941 to May 20 1941
that I last saw him alive on May 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____
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?
(Specify type of place) (e) Means of injury _____
23. Signature J. P. Brandon (M. D. or other) _____
Address Essex, Mo. Date signed 5-20-41

RECEIVED

District Health Office No. 2

District File Number 241-1172

Date Filed 2-28-41

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 *Virgil H. Kelch*
Licensed Embalmer No. *4102*
P. O. Address *Dexter - 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, above space should be left blank.