. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1778

Primary Registration District No. 1001

Registrar's No. 30

**1. PLACE OF DEATH:**

(a) County: BUCHANAN

(b) City or town: ST-JOSEPH (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2018 FRANCIS - STR. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS (Specify whether years, months or days)

In this community ABT - 40 - YRS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: MO (b) County: JACKSON 48

(c) City or town: KANSAS - CITY (If outside city or town limits, write "RURAL") 3

(d) Street No. 3718 BALTIMORE (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

**3. (a) PRINT FULL NAME:** VANCY-JANE-WICKAM.

3. (b) If veteran, name war: MO

3. (c) Social Security No.: NO

4. Sex: Fem

5. Color or race: Wht

6. (a) Single, widowed, married, divorced: Wid.

6. (b) Name of husband or wife: S.P. Wickam

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: July 22 (Month) 1861 (Day) (Year)

**8. AGE:** Years 80 Months 5 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation: at home

11. Industry or business

FATHER
12. Name: Wm Cooper
13. Birthplace: Unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jane McCoy
15. Birthplace: Unk (City, town, or county) (State or foreign country)

16. (a) Informant: W W Wickam

(b) Address: 604 S Atchison Ks

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan 12-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cem

18. (a) Signature of funeral director: Roy Stowe

(b) Address: St Joseph Mo

19. (a) 1/10/42 (Date received local registrar) (b) H J Westlebush (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JAN day 9 year 1942 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to Jan 7 1942 that I last saw her alive on Jan 4 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial Degeneration Rheumatic | 3 M |
| Due to: | |
| Due to: Arteriosclerosis | 10 yrs |
| Cold & Bronchitis | 1 week |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations ✓
Of autopsy ✓

93d

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)

While at work? ✓ (e) Means of injury ✓

23. Signature: Charles H. Werner (M. D. or other) 0

Address: 221 Kirkpatrick Bldg Date signed: 1-10-42

(Licensed Embalmer's Statement on Reverse Side)

45

Cert 4 & 5 PM
[illegible]
Kerr.

MAY 14 1942

**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 John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St Joseph 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.**