

FILED MAR 20 1942

Registration District No. 99

Primary Registration District No. 4061

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town POLO
(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 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

Wm A. Vick

3. (b) If veteran,
name war

3. (c) Social Security
No. 13-762

4. Sex M. D 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alta Vick 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 10 If less than one day
hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Calvin Vick
13. Birthplace Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Howell
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant ms Alta Vick

(b) Address Polo Mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Mo

18. (a) Signature of funeral director Alaphugh & Cowley

(b) Address Polo Mo

19. (a) Feb 20-42 (b) Ms Wylie Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Polo
(If outside city or town limits write "RURAL")
(d) Street No. D
(If rural, give location) -
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1
1938 to Feb 17, 1942

that I last saw him alive on Feb 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death 1 Hypertension
2 acute nephritis
3 lobar pneumonia
Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 D

23. Signature Ch W Wilson (M. D. or center)

Address Polo Mo Date signed 2-19-42

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

13
6

13
1
D

Duration
4 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 with the above constitutes grounds for revocation of license.)

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