

**FILED AUG 3 1944**

Registration District No. **72**

Primary Registration District No. **1000**

Registrar's No. **779**

**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:  
**1703 Randolff St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: **Lifetime**  
In hospital or institution (Specify whether)  
 In this community **Lifetime**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Buchanan** **11**  
 (c) City or town **St. Joseph** **1**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1703 Randolff St.** **7**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

**3. (a) PRINT FULL NAME** **Frances Marie Vansickle**  
 (b) If veteran, name war **None**  
 (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **28<sup>th</sup>**  
 year **1944** hour **10** minute **P** M.  
**21. I hereby certify that I attended the deceased from** **July 29<sup>th</sup> 1944** **to** **July 29<sup>th</sup> 1944**  
 that I last saw **her** alive on **July 29<sup>th</sup> 1944**  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Single**  
 (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

Immediate cause of death  
**Acute Bronchial Pneumonia** **1 day**  
**Acute Cold** **1 week**

7. Birth date of deceased **December 27, 1943**  
(Month) (Day) (Year)  
 8. AGE: Years **0** Months **6** Days **1**  
 If less than one day **hr. min.**

Due to **Baby died suddenly following a cold, for a week or ten days**  
 Other conditions **she was suffering with a sore mouth also but was apparently improving until she died suddenly**

9. Birthplace **St. Joseph, Missouri**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
**107**

10. Usual occupation **Infant**  
 11. Industry or business **None**

**MOTHER FATHER**  
 12. Name **Earl A. Vansickle**  
 13. Birthplace **Bynumville, Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Ella Purvis**  
 15. Birthplace **Sedalia, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Parker (Grandmother)**  
 (b) Address **1703 Randolff St., City**  
 17. (a) **Burial** (b) Date thereof **7/31/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Memorial Park Cemetery**

**22. If death was due to external causes, fill in the following:**  
 (g) Accident, suicide, or homicide (specify) **107**  
 (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?

18. (a) Signature of funeral director **John C. Rupp**  
 (b) Address **6054 Prior Ave., City**  
 19. (a) **7/31/44** (b) **Heinrich**  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
 23. Signature **H. F. Mundy** (M. D. or other) **Coroner**  
 Address **404 So 3d St** Date signed **7/29/44**

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

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 E. Rupp*

Licensed Embalmer No. *3986*

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.**