

FILED APR 17 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **1606**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1116 E. 16th. St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution at home
(Specify whether years, months or days)
 In this community Seven years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1116 E. 16th. St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Allen Vick
 (b) If veteran, name war no
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 1st.
 year 1946 hour 5 minute 50P. AM.

4. Sex Male 2 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Sallie Vick
 (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased Sept 19 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938-Sept 20 to 1946,
 that I last saw him alive on April 1, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 12
 If less than one day _____ hr. _____ min.

Immediate cause of death tribal insufficiency
 Due to Paracarditis

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

Other conditions 92 b
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy none

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER
 12. Name Dont Know
 13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
 14. Maiden name Dont Know Dont Know
 15. Birthplace Dont Know Dont Know
(City, town, or county) (State or foreign country)

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

16. (a) Informant Cinderella Jones
 (b) Address 1105 E. 16th. St

17. (a) Burial (b) Date thereof April, 4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

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? _____

18. (c) Signature of funeral director Street, Appleton Jones
 (b) Address 1905 Vine St

While at work? _____ (Specify type of place) _____
 Means of injury _____
 23. Signature W. W. Hambrook (M. D. or other) _____
 Address R. C. mo. Date signed _____

19. (a) 4-3-46 (b) D. Waldine Helms
(Date received local registrar) (Registrar's signature)

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

12310

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.....

C. F. West

Licensed Embalmer No.....

2710

P. O. Address.....

R. A. M. D.

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.