

FILED NOV 25 1946

Registration District No. 112

Primary Registration District No. 5660

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

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural, Dickerson Township
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME Martha Catherine Vickers

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Vickers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 13th 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 21 If less than one day hr. _____ min. _____

9. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name George W. Mathews

13. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lillard

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John S. Vickers

(b) Address Spring, Mo.

17. (a) Burial (b) Date thereof 11/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ten Mile

18. (a) Signature of funeral director W. Robert

(b) Address La Grange, Missouri

19. (a) 11/9/46 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Rural, Dickerson Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1946 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from out
30 1946, to Nov. 4 1946

(that I last saw her alive on Nov. 4 1946
and that death occurred on the date and hour stated above.)

Immediate cause of death _____

Due to Central Nervous System 8 hrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations § 3A

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 2

23. Signature J. P. Dodson (M. D. or other) DO

Address Canton, Mo. Date signed 11/5/46

NOV 26 1946

RECEIVED
District Health Officer No. 10
District File Number 46-2092
Date Filed NOV 22 1946

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.....

A.A. Roberts....., Registered Apprentice No.....
working under my personal supervision.

Signed... A.A. Roberts.....

Licensed Embalmer No. 1626.....

P. O. Address La Grange, Missouri......

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.