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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 328

Registrar's No. 111

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: Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few minutes (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Holt 1

(c) City or town Mound City 0
(If outside city or town limits, write "RURAL")

(d) Street No. Mound City 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William H. Van Vickle

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Edna VanVickle

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May (Month) 7 (Day) 1886 (Year)

8. AGE: Years 60 | Months 8 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Craig (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Monument Man

11. Industry or business Monuments

FATHER
12. Name Jacob M. VanVickle 0
13. Birthplace Craig (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Caroline Randall
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Lee VanVickle thru undertaker
(b) Address St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director Heaton Be Gale & Bowman
(b) Address St. Joseph, Mo.

19. (a) Jan 29, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 15 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Viewed Jan 15th 1947, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
Of autopsy

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 2

23. Signature B. W. Tadlock (M. D. ~~or other~~) Coroner
Address King Hill Bldg St. Joseph, Mo. Date signed 1/15/47

382

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 10th 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.