

No. 2
-12-45
5-17-39

FILED JUN 8 1948

Registration District No. _____

Primary Registration District No. 3015

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6th & Harris St.
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Mary Elizabeth McVicker

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 Single

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

7. Birth date of deceased Sept 21 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 5

If less than one day _____ hr. _____ min.

9. Birthplace Cochoton Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Hiram S McVicker

13. Birthplace Cochoton Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Opheia Embler

15. Birthplace Cochoton Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W.A. McVicker

(b) Address Cameron

17. (a) Burial (b) Date thereof 5-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen-Cameron, Mo

18. (c) Signature of funeral director Blair Funeral Home

(b) Address Cameron, Missouri

19. (a) May 28, 1948 (b) Winifred W. Moser
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. 6th & Harris St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour _____ minute 9:00 P.M.

21. I hereby certify that I attended the deceased from 2-15-48
~~3-15-48~~ 1948, to _____ 19____;

that I last saw her alive on 5-26-48 at 8:09 pm, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular

Due to Hypertension Duration 10 yr

Due to _____

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

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature E. Miller (M.D. or other)

Address Cameron MO Date signed 5-27-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 George J. Kammell

Licensed Embalmer No. 4427

P. O. Address 309 1/2 W. 3rd

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.)

Cameron, Missouri

If this body is not embalmed, fact should be so stated above.