

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39268
Do not use this space.

1. PLACE OF DEATH
(a) County Cass Registration District No. 150
(b) Township Sherman Primary Registration District No. 4084
(c) City Craigton (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry McVicker
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy A McVicker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 1861
7. AGE YEARS 78 MONTHS 3 DAYS 11 if LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
13. NAME John S McVicker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Leannah Hepp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT Mrs Nancy McVicker (ADDRESS) Craigton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Deleas Cemetery DATE Nov 19 1939
19. FUNERAL DIRECTOR Robert Arnold (ADDRESS) Craigton Mo.
20. FILED Nov. 24 1939 Mrs. W. C. Chivingo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1939, to Nov 15, 1939
I last saw him alive on Nov 15, 1939 Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Date of onset _____
Other contributory causes of importance: 92
Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury V
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. W. Galbreath, M. D.
886 (Address) Union Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 7-20-37
I X12004

STATEMENT BY LICENSED EMBALMER

I, Hobert Arnold, Licensed Embalmer No. 3621

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Hobert Arnold
Licensed Embalmer No. 3621

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.)