

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.

JAN 12 1939

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

44136
Do not use this space.

1. PLACE OF DEATH
 (a) County Newton 2 Registration District No. 614
 (b) Township _____ Primary Registration District No. 4555 Registered No. 29
 (c) City Granby 1 (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 260 Ernestine Mae Vickrey
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard E Vickrey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1916
 7. AGE YEARS 23 MONTHS 2 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. Housekeeping
 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) Granby Mo
 FATHER 13. NAME Ernest Vance
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo
 MOTHER 15. MAIDEN NAME Jaura McDonald
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Mo
 17. INFORMANT Ernest Vance
 (ADDRESS) Granby Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Mo DATE 12-10-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. C. Williams
Granby Mo
 20. FILED Dec 8 1939 L. R. Reeves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1939, to Dec 8 1939
 I last saw her alive on Nov 7 1940. Death is said to have occurred on the date stated above, at 4 a. m.
 The principal cause of death and related causes of importance were as follows:
Had had anemia before delivery, which had cleared up. Heart block.
 Date of onset 2 weeks
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) L. R. Reeves M. D.
 (Address) Granby Mo.

RECEIVED

District Health Officer No. 6,

District File Number 140-159

Date Filed JAN 10 1940

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,

Marcellen Williams

....., or by

Registered Apprentice No. 234, working under my personal supervision.

Signed

J. B. Boyle

Licensed Embalmer No. 2689

P. O. Address Washo Ave

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, above space should be left blank.