

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1865

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3216 Garner
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 51 years (Specify whether years, months or days)

In this community 51 years

3. (a) PRINT FULL NAME Grace Greenwood Vickman

3. (b) If veteran, name war _____

3. (c) Social Security No. 420

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert S. Vickman

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 3-27-1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>12</u>	hr. min.

9. Birthplace Saratoga Springs New York
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Luther Meade

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Palmer

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

16. (a) Informant Robert S. Vickman

(b) Address 3216 Garner

17. (a) None (b) Date thereof 5-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Cemetery

18. (a) Signature of funeral director H. C. Brown

(b) Address 11. C. B. Co.

19. (a) May 12 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3216 Garner
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9 year 41 hour 4 minute PM M.

21. I hereby certify that I attended the deceased from Apr 4 1941, to May 9 1941, that I last saw her alive on May 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal hypostatic pneumonia

Due to Cerebral hemorrhage

Due to hypertension

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

Duration
<u>3 days</u>
<u>5 wks.</u>
<u>1</u>

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations no operation

Of autopsy no 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)

Means of injury _____

23. Signature Henry Volante (M. D. or other) _____
Address 1124 Poplar St. St. Louis

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

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 W. Malloy

Licensed Embalmer No. *2798*

P. O. Address

Kansas City, Kans

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.