

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 93

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

1. PLACE OF DEATH  
 (a) County Franklin  
 (b) City or town Washington, Mo.  
 (c) Name of hospital or institution: St. Francis Hospital D  
 (d) Length of stay: In hospital or institution 9 days  
 In this community 50 yrs.

3. (a) PRINT FULL NAME Mrs. Adeleine Vick

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John J. Vick 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased June 1862

8. AGE: Years 79 Months 3 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Augusta, Mo.

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_  
 12. Name Ferdinand Schoger  
 13. Birthplace Germany  
 14. Maiden name Wittmann Brinkman  
 15. Birthplace Germany

16. (a) Informant Etto Burchholt  
 (b) Address New Haven, Mo.

17. (a) Burial (b) Date thereof 10-3-41  
 (c) Place: burial or cremation New Haven, Mo.

18. (a) Signature of funeral director H. A. May  
 (b) Address New Haven, Mo.

19. (a) Oct. 1-1944 (b) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Franklin  
 (c) City or town New Haven  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month September, day 30, year 1941 hour 9:30 minute \_\_\_\_\_ A. M.  
 21. I hereby certify that I attended the deceased from May 18, 1941, to September 30, 1941, that I last saw her alive on September 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Pylonephritis  
 (Include pregnancy within 3 months of death) 2 months

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature B. P. Eisenmann (M. D. or other) M.D.  
 Address New Haven, Mo. Date signed 9/30/41

Duration Don't know  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Earl Hertig

Licensed Embalmer No. ....

3380

P. O. Address.....

**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.**