

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Kansas City**  
 (c) Name of hospital or institution: **St Marys Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Day**  
 In this community **23 Yrs**  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Mrs Betty May Vickrey**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **P** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ernest A Vickrey** 6. (c) Age of husband or wife if alive **deunk** years

7. Birth date of deceased **Feb 1 1920**  
 (Month) (Day) (Year)

8. AGE: Years **23** Months **56** Days **25** If less than one day hr. min.

9. Birthplace **Kansas City Kansas**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **O H Harrison**  
 13. Birthplace **Kansas**  
 14. Maiden name **Plonetta Harris**  
 15. Birthplace **Concordia Ks**

16. (a) Informant **Plonetta Harrison**  
 (b) Address **89th & Gibbs Rd**

17. (a) **Burial** (b) Date thereof **Aug 17 1943**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Cem**

18. (a) Signature of funeral director **Simon**  
 (b) Address **KCK**

19. (a) **8-16-43** (b) **Reg. P. E. Brown**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wy**  
 (c) City or town **Kansas City**  
 (d) Street No. **RR 6 39th & Gibbs Rd**  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **15**  
 year **43** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **August Aug 11** 19**43** to **Aug 15** 19**43**  
 that I last saw her alive on **Aug 15** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction (myocardial infarction)**  
 Due to **Myocardial infarction (myocardial infarction)**

Due to \_\_\_\_\_  
 Other conditions **Secondary anemia**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **no**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (c) Date of occurrence \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (City or town) (County) (State)

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

23. Signature **P. E. Brown** (M. D. or other) \_\_\_\_\_  
 Address **3119 Stray Ave** Date, signed **8/16/43**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MAR 9 1944

MAR 8 1944

**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..... *H. Simmons* .....

Licensed Embalmer No. *3903* .....

P. O. Address..... *150K* .....

**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.**