

FILED NOV 9 1943

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 1088

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1222 Sylvania
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Diana Vickers
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 4
 year 1943 hour 7 minute 15 A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
 Due to _____
 Due to _____

7. Birth date of deceased October 4 1943
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
0 0 0 hr. 5 min.

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

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 Underline the cause to which death should be charged statistically.

10. Usual occupation _____
 11. Industry or business _____
 12. Name Pvt Ernest Vickers
 13. Birthplace W. Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Ermalee Lilly
 15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Vickers
 (b) Address St Joseph, Mo.
 17. (a) Burial (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery
 18. (a) Signature of funeral director FLEEMAN & SON, INC.
 (b) Address St Joseph, Mo.
 19. (a) 10/4/43 (b) Rae Hezog
(Date received local registrar) (Registrar's signature)

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)
 (a) Means of injury _____

23. Signature Dr. C. H. Smith (M. D. or other) MD.
 Address 218 N. 7th St. Joseph, Mo. Date signed 10/4/43

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER *not*

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 *Robert H. Gable*

Licensed Embalmer No. *3308*

P. O. Address *St Joseph MI*

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.