

FILED NOV 19 1943

Registration District No. 1943/9

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
In this community 1 Year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4338 Wayne Avenue
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mr. Clyde Vick

3. (b) If veteran, name war World War I
3. (c) Social Security No. 429-34-8401

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ruby J. Vick
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased: June 11 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 21
If less than one day hr. min.

9. Birthplace Russellville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Dispatcher

11. Industry or business North American Aviation, Inc.

12. Name Ed Vick
13. Birthplace Russellville Arkansas
(State or foreign country)
14. Maiden name Eda LeVish
15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby J. Vick
(b) Address 4338 Wayne

17. (a) Removal (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Russellville, Arkansas

18. (a) Signature of funeral director A. W. Newcomer, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-2-43 (b) H. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1943 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 1943 to Nov. 2nd 1943
that I last saw him alive on Nov. 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chemical Peritonitis Duration

Due to 11702

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Peptic Ulcer
Of autopsy Chemical Peritonitis

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

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) (e) Means of injury

23. Signature A. Parsons (M. D. or other)
Address DeLuga Med Bldg Date signed 11-2-43

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

MOTHER EATHER

NOV 19 1943

W. F. Smith's Hospital

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo.

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.