

S. No. 2
DM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6937**

FILED MAR 6 1944

Registration District No. **12**

Primary Registration District No. **3015**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **CLINTON**

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

(c) Name of hospital or institution:
634-S Pine St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**
(Specify whether years, months or days)

In this community **31 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**

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

(d) Street No. **634-S Pine St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **CLYDE CEDRIC McVICKER**

(b) If veteran, **L**

(c) Social Security name war **No** No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28**
year **1944** hour **10** minute **30 A.M.**

4. Sex **MALE** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

(b) Name of husband or wife

(c) Age of husband or wife if alive **30** years (Day) (Year)

7. Birth date of deceased **Sept 30 1912**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 10**, 19**43** to **Feb 28**, 19**44**
that I last saw him alive on **Feb 26**, 19**44**
and that death occurred on the date and hour stated above.

8. AGE: Years **31** Months **5** Days **8**
If less than one day hr. min.

Immediate cause of death **Multiple Sclerosis** Duration

Due to **L**

Due to **~**

Other conditions (Include pregnancy within 3 months of death) **87d**

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

10. Usual occupation **Student**

11. Industry or business

12. Name **W.A. McVICKER**

13. Birthplace **Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **LAURETTA STEWART**

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

16. (a) Informant **W.A. McVicker**

(b) Address **Cameron Mo**

17. (a) **Burial** (b) Date thereof **3 3 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Packard**

18. (a) Signature of funeral director **Poland Funeral Home**

(b) Address **Cameron**

19. (a) **Feb 29 1944** (b) **Mrs. Kathleen Harris**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy **~**

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) Means of injury **~**

23. Signature **McVicker** (M. D. or other)
Address **Cameron Mo** Date signed **2/28/44**

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

25
1
1

1080

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 Gerald I. Wade.....

Licensed Embalmer No. 4172.....

P. O. Address Cameron 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.