

FILED SEP 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31614  
Registrar's No. 1992

Registration District No. 201

Primary Registration District No. 450

1. PLACE OF DEATH: Ripley

(a) County Ripley

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

(c) Name of hospital or institution: Williams Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: ZUSKES M. McVICKER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1944 hour 9 minute 55 A M.

21. I hereby certify that I attended the deceased from Aug 15 1944 to Aug 19 1944.  
that I last saw him alive on Aug 19 1944 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec-23-1866  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Due to: arteriosclerosis

8. AGE: Years 78 Months 6 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Rosco Co. Ind. (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations: g3a

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name: David McVicker

13. Birthplace: Penn. (City, town, or county) (State or foreign country)

14. Maiden name: Catherine Smith

15. Birthplace: Rosco Co. Ind. (City, town, or county) (State or foreign country)

16. (a) Informant: William M. McVicker

(b) Address: Maylor, Mo. R.R. 1

17. (a) removal (b) Date thereof: Aug 19 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Haxton, Colo.

18. (a) Signature of funeral director: Wm. J. Johnston

(b) Address: Maylor, Mo.

19. (a) 4-15-44 (b) W. J. Johnston  
(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) (e) Means of injury: \_\_\_\_\_

23. Signature: W. J. Johnston (M. D. or other) \_\_\_\_\_  
Address: Douglas, Mo. Date signed: 8/19/44

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

**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 *Bryan C. McLeod*  
Licensed Embalmer No. *4976*  
P. O. Address *Naylor 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.**