

FILED AUG 7 1946
Registration District No. 270 JTB

Primary Registration District No. 5909

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru
(c) City or town Cauthessville
(If outside city or town limits, write "RURAL")
(d) Street No. West 12
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kenneth Larry Vickus

3. (b) If veteran, name war 4 (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 12 16 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 7 12 hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Claude Vickus Jr.

13. Birthplace Wright Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alpha B. Huelsbeck

15. Birthplace Burgess Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Vickus Sr.

(b) Address Cauthessville, Mo.

17. (a) Burial (b) Date thereof 7-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie

18. (a) Signature of funeral director L. F. Day Ind. Co.

(b) Address Cauthessville, Mo.

19. (a) 8-5-46 (b) Rescove B. Neeks
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1946 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental ~~death~~ Drown

Due to Ferry wreck boat turned over

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 2 2

Major findings: Of operations 7 in

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 78

(b) Date of occurrence 7-28-46

(c) Where did injury occur? Cauthessville Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mississippi River
(Specify type of place)

While at work? no (e) Means of injury _____

23. Signature Jack Kelly Coroner (M.D. or other) _____

Address Wright Mo Date signed 7-28-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

8-46-181

AUG 22 1951

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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 Noel C. Deane.....

Licensed Embalmer No. 3941.....

P. O. Address Cauthersville, 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.