

FILED NOV 24 1947  
Registration District No. **149**

Primary Registration District No. **1002**

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**General Hospital No. 1**  
(If not in hospital of institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 mos., 22 days**  
(Specify whether \_\_\_\_\_)  
In this community **60 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **309 Garfield**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **x** **U**

3. (a) PRINT FULL NAME **John (Jack) McVickers**  
(b) If veteran, name war **no.**  
(c) Social Security No. **no.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **11**  
year **1947** hour **8** minute **5 P.** M.

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **divorced**  
6. (b) Name of husband or wife **unknown**  
6. (c) Age of husband or wife if alive **x** years  
7. Birth date of deceased **December 12, 1866**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug. 19, 1947** to **Nov. 11, 1947**  
that I last saw him alive on **Nov. 11, 1947**  
and that death occurred on the date and hour stated above. **Duration**

8. AGE: Years Months Days If less than one day  
**80 10 29** br. min.

Immediate cause of death  
**Toxemia from decubitis ulcers**

9. Birthplace **Danville, Illinois**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation **Retired**

Other conditions **Intertrochanteric Fr. rt. hip**  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **John E. McVickers**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations **1816**  
Of autopsy **See above 18**

16. (a) Informant **Harry Eib, Sr.**  
(b) Address **6901 Lister, Kansas City, Mo.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident** **123**

17. (a) **Burial** (b) Date thereof **11-14-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? **K. C. Jackson, Mo.**  
(City or town) (County) (State)

(c) Place: burial or cremation **Memorial Park Cemetery**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **309 Garfield**

18. (c) Signature of funeral director **Stine & McClure**

While at work? **No** (Specify type of place)  
(e) Means of injury **Fall**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

23. Signature **Geraldine Holmes** (M. D. or other) **MA**

19. (a) **11-13-47** (Date received local registrar)  
(Registrar's signature)

Address **Med. Dir. Gen'l Hosp** Date signed **11-12-47**

*Dr. McPherson*

**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 \_\_\_\_\_

*J. Clair Sheppard*

Licensed Embalmer No. *4179*

P. O. Address *S. C. 2nd*

**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.