No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 25 1947
Registration District No. 5783

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 38816
Registrar's No. 166

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

1. PLACE OF DEATH:

(a) County: Lawrence
(b) City or town: Mount Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 31 days (Specify whether
In this community: 31 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar 20
(c) City or town: Stockton 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Samuel B. Vickers
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Not Known
6. (c) Age of husband or wife if alive: not known years
7. Birth date of deceased: May (Month) 18 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	25	hr. min.

9. Birthplace: Peculiar (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Edward Vickers
13. Birthplace: Polk county (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name: Dora Perrine
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant: Ethel McMichael, Record Clerk
(b) Address: Mo. State San, Mount Vernon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-14/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Espenger Mills
18. (a) Signature of funeral director: Church Neill
(b) Address: Stockton, Mo.
19. (a) 11-14-47 (Date received local registrar) (b) R. Philbrick (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1947 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from October 3 13, 1947, to November 12, 1947, that I last saw him alive on November 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic Carcinoma (?)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 47c	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: R. W. Dickman (M. D. ~~or other~~)
Address: Mo. State San, Mount Vernon, Mo. Date signed: 11-12-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1-147-1219
Date Filed NOV 24 1947

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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.