FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39054

FILED DEC 9 1947

Registration District No. 15-6 248 Primary Registration District No. 2001 5844 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural, Seneca, R# (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. Seneca, R# 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Anson Vicory
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27, 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day hr. / min.

9. Birthplace Grant, Michigan / (City, town, or county) (State or foreign country)
10. Usual occupation Grocery Store, Hornet, Mo.
11. Industry or business
FATHER
12. Name J. J. Vicory
13. Birthplace ----Michigan / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Abrams
15. Birthplace ----New York / (City, town, or [redacted]) (State or foreign country)
16. (a) Informant Mrs. Maude McNeill
(b) Address 2330 Main, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hornet Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) 10-21-47 (Date received local registrar) (b) Dolores Lamplins DR. (Registrar's signature) 226

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1947 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from SEPT. 6, 1947, to OCT. 14, 1947; that I last saw him alive on OCT 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis & myocardial degeneration — Duration unknown
Due to chronic hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 93

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) 2
While at work? (e) Means of injury
23. Signature J. C. Ennis [redacted] or other
Address Joplin Mo Date signed 10/17/47

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

47-11-918

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 248 Primary Registration District No. 58441 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 68 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton

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

(d) Street No. Rural R
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles A. Vicory

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 27 (Day) 18 (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Grant (City, town, or county) Mich. (State or foreign country)

10. Usual occupation Grocery Store

11. Industry or business Hornet, MO

FATHER
12. Name J. J. Vicory
13. Birthplace Michigan (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Abramson
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude McNeill

(b) Address Joplin, MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, MO

19. (a) 12-13-1947 (Date received local registrar) (b) Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 15 year 1947 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from Sept 6 1947 to Oct 14 1947 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis or myocardial degeneration

Due to Chronic Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Ennis (M. D. or other) D.O.

Address Joplin, MO Date signed

SUPPLEMENTARY

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

39054