

1. PLACE OF DEATH:
 (a) County Ozark
 (b) City or town Thornfield Twp.
(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 10 yrs
years, months or days)

3. (a) PRINT FULL NAME John Wesley Vickers

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

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

6. (b) Name of husband or wife May Vickers 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: April 20 1855
(Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Ebenezer Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Jackson Vickers

12. Name _____

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

14. Maiden name Lucinda Prine

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

16. (a) Informant Ruth Lindley

(b) Address Hammond, Mo.

17. (a) Burial (b) Date thereof 6-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Clinkingbeard Fun. Home
(Specify type of place)
 (b) Address Gainesville, Mo. (c) Means of injury _____

19. (a) June 10, 1948 (b) Mae Johnson
(Date received local Registrar's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ozark 77
 (c) City or town Hammond- rural 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
 year 1948 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1945
 196 to June 3 1948;

that I last saw him alive on May 20 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration

2 wk

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy 150

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 250

23. Signature M J Sterman (M. D. or other) _____

Address Springfield, Mo Date signed 6/5/48

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

MOTHER FATHER

DEC 7 1951

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.....

Charles R. Fish....., Registered Apprentice No. *45*
working under my personal supervision.

Signed.....*W. B. Hutchinson*.....

Licensed Embalmer No. *3431*

P. O. Address *Gainesville, 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.