o. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37221

State File No.

FILED DEC 1 1948

Registration District No. 1942

Primary Registration District No. 3034

Registrar's No. 77

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Higgsinsville
(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 years, months or days)
In this community: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette
(c) City or town: Higgsinsville
(If outside city or town limits, write "RURAL")
(d) Street No.: 19 East 23rd St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Shelton Vickars
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: Stella Vickars
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: Sept (Month) 28 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
90	1	17	hr. min.

9. Birthplace: Laf. Co. Mayview, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: B. F. Vickars
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Katherine M. Shelton
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Stella Tyre Vickars
(b) Address: Higgsinsville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/17/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Lexington Cemetery
18. (a) Signature of funeral director: W. Wade
(b) Address: Higgsinsville, Missouri.
19. (a) Nov. 17-48 (Date received local registrar) (b) Clayton H. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 15 day: Nov. year: 1948 hour: 10 minutes: 50 A.M.
21. I hereby certify that I attended the deceased from Oct. 4, 1948, to Nov. 15, 1948 that I last saw him alive on 11-15-1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (Hypostatic)	
Due to: Senility	
Due to: Cystitis	
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: 0
23. Signature: [illegible] (M. D. or other)
Address: Odessa Mo. Date signed: 11/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number.....
Date Filed 11-30-48

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 Forest Reckhof

Licensed Embalmer No. 4284

P. O. Address Higginsville, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.