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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 9 1942  
Registration District No. 347

Primary Registration District No. 4208

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ellen E. Vickers

3. (b) If veteran, no name war \_\_\_\_\_

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 27 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name B. B. Combs

18. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Estey Ludwig

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

16. (a) Informant Ralph E. Vickers

(b) Address Deepwater Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 2-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. D. Dunning, Com

18. (a) Signature of funeral director [Signature]

(b) Address Deepwater Mo.

19. (a) Feb. 26-1942 (b) Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Deepwater  
(If outside city or town limits, write "RURAL" \_\_\_\_\_)

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26  
year 1942 hour 9 minute 31 A.M.

21. I hereby certify that I attended the deceased from February 24, 1942 to February 26, 1942  
that I last saw h. alive on February 26-42, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Pneumonia  
Myocardial Infarction

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 N

23. Signature D. C. R. Townsend (M.D. or other) \_\_\_\_\_

Address Deepwater Missouri Date signed 2-26-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 3-42-167

Date Filed 3-4-42

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6744

Registration District No. 347

Primary Registration District No. 4208

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Deepwater  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Ella E. Vickers

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased Apr. 27 1882  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 19 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 26 Year 1942  
hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 24 1942 to Feb 26 1942  
that I last saw him/her alive on Feb 26 1942  
and that death occurred on the date and hour stated above.  
immediate cause of death \_\_\_\_\_

Due to Pneumonia lobar, Respiratory Chronic, Debility & Infancy

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 C. R. Ferguson (Name or other) \_\_\_\_\_

Address Deepwater Mo Date signed 4-4-52

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

SUPPLEMENTAL

PHYSICIAN'S SIGNATURE AND SEAL

PHYSICIAN Underline the cause to which death should be charged statistically.

[The page contains extremely faint and illegible text, likely a scan of a document with very low contrast or significant noise. The text is arranged in approximately 30 horizontal lines across the page, but no individual words or phrases can be discerned.]