

FILED MAR 13, 1945

Registration District No. 37

Primary Registration District No. 5515

Dr. Jowell 6244

2000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton - "Rural" Shawnee 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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL") 1
(d) Street No. 219 W. Benton (If rural, give location) 2
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ARMILIA FLORENCE VICKERS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Edward 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 5 - 22 - 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Elias F. West
13. Birthplace _____ (City, town, or county) (State or foreign country) Ohio
14. Maiden name Sarah J. Carr
15. Birthplace _____ (City, town, or county) (State or foreign country) Kentucky

16. (a) Informant Mrs. Jamie Harrison

(b) Address Clinton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Fred L. Kiser

(b) Address Clinton Mo.

19. (a) Feb 10 1945 (Date received from registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9 year 1945 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from m 1-29-45 to _____, 19____, to _____, 19____; that I last saw her alive on 1-29- _____, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) J30

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature R. J. Powell M. D. (Other) _____

Address Clinton Mo. Date signed 2/10

RECORDED
DISEASES, GAYLOR No. 7,
Dis. No. 2-45-164
Date Filed 3-9-45

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

Frederick W. Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton, 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.