

**TWO STAINED GLASS  
WINDOWS GIVEN BY  
J.J. WICKER.**



IN MEMORY OF  
JAMES WICKER  
BY HIS WIFE  
MARGARET WICKER  
1880-1900

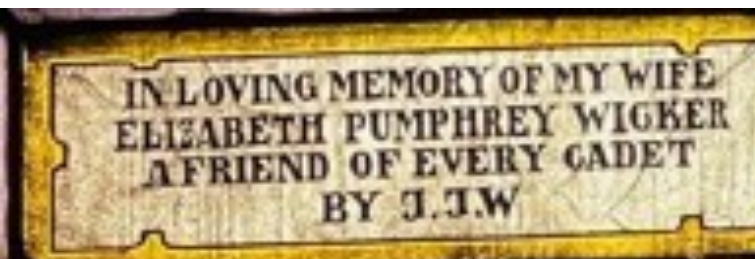
IN MEMORY OF  
JAMES WICKER  
BY HIS WIFE  
MARGARET WICKER  
1880-1900



**STAINED GLASS  
WINDOW GIVEN BY  
JOHN JORDAN  
WICKER IN  
MEMORY OF HIS  
WIFE ELIZABETH  
PUMPHREY  
WICKER.**



JOHN JORDAN WICKER, Th.G., D.D.  
PRESIDENT EMERITUS





Department of Commerce  
Bureau of the Census

CERTIFICATE OF DEATH  
COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 26727  
2856  
Registered No.

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration district No. \_\_\_\_\_ (For reg. use)

(b) Magisterial district \_\_\_\_\_

(c) City or town Richmond

(d) Name of hospital or institution Johnston-Willis

(e) Length of stay in hosp. or inst. \_\_\_\_\_ In this community \_\_\_\_\_ (Specify whether years, months, or days)

(f) Is place of death within corporate limits? \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED

(a) State Virginia

(b) County \_\_\_\_\_

(c) City or town Frank Union

(d) Street No. \_\_\_\_\_

(e) Is place of residence within corporate limits? \_\_\_\_\_

(f) If foreign birth, how long in U. S. A? 0320 Years

3. (a) FULL NAME Elizabeth Pumphrey Wicker

3. (b) If veteran, name war \_\_\_\_\_

MEDICAL CERTIFICATION

20. Date of death December 28 1942 at 12 M (Month by name) (Day) (Year) (Hour)

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, divorced. Married

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to 12/28 1942; that I last saw her alive on 12/28 1942 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife John J. Wicker, Sr.

7. Date of birth of deceased January 24<sup>th</sup> 1860 (Month by name) (Day) (Year)

Immediate cause of death

Due to Pneumonia

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

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

8. Age: Years 82 Months 11 Days 4 If less than one day \_\_\_\_\_ hours \_\_\_\_\_ min.

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

10. Usual occupation None

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

Father { 12. Name William Front Pumphrey  
13. Birthplace Norfolk VA (City, town, or county) (State or foreign country)

Mother { 14. Maiden name Sarah Ann Delicost Perry  
15. Birthplace \_\_\_\_\_ Eng. (City, town or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ida P. Branch  
(b) Address 905 Park Ave

17. (a) Burial, cremation, or removal? \_\_\_\_\_  
(b) Place Hollywood Date December 29<sup>th</sup> 1942 (Month by name) (Day) (Year)

18. (a) funeral director Geo. J. Willy & Sons  
(b) Address Richmond, VA

19. (a) Filed Dec. 29, 1942 (Date received by reg.) (b) J. E. Hayward (Local, deputy, or sub-registrar's own signature)

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 \_\_\_\_\_

23. Signature John F. Williams M. D., Gov. or other  
Address Johnston-Willis Hosp Date signed 12/29/42

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the primary cause to which death should be charged statistically.

NR

107

107



**STAINED GLASS WINDOW  
GIVEN BY JOHN JORDAN  
WICKER IN MEMORY OF HIS  
FATHER AND MOTHER,  
AMBROSE WICKER AND ANN  
MARIA REID.**



JOHN JORDAN WICKER, Th.G., D.D.

Richmond College; Southern Theological Seminary; President and Biblical Lecturer; Pastor, Baltimore, Maryland; First Church, Trenton, New Jersey; Leigh Street Church, Richmond, Virginia; Evangelist, Lecturer, World Traveler; President, Fork Union Military Academy, 1930-1945; President Emeritus, Fork Union Military Academy, 1946-





Registration District No.

Registered No.

857

CERTIFICATE OF DEATH  
COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

6899

1. PLACE OF DEATH a. COUNTY		b. MAGISTERIAL DISTRICT		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission.) a. STATE		b. COUNTY	
c. CITY OR TOWN		d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN		d. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. HOSPITAL OR INSTITUTION		f. LENGTH OF STAY		e. STREET ADDRESS (If rural, give mailing address)		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. NAME OF HUSBAND OR WIFE OF DECEASED		17. INFORMANT'S SIGNATURE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.]	
20c. TIME OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
21. I attended the deceased from		22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town or county)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

MEDICAL CERTIFICATION

Richmond

Richmond Memorial Hospital

2 days

Virginia

Fluvanna

Richmond

York Union 0320

Richmond Memorial Hospital

2 days

John

JORDAN

Wicker Sr.

3 17 1958

MALE

white

WIDOWED  DIVORCED

2-12-1865

93

Retired Clergyman

Dynchburg, Virginia

U.S.A.

Mr. Ambrose Wicker

Ann Gerarda Reid

Elizabeth Pumphrey

177X

177

Arteriosclerotic coronary artery disease

1

3-15-58 to 3-17-58 and last saw him alive on 3-17-58

3:55 am

Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.

Walter H. Hilo

Richmond, Va.

3-19-58

Burial

3-20-58

Hollywood

Richmond, Va.

March 19-1958

D. L. Cornwell

Charles Billups & Sons

Richmond, Va.