

APR 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10805
Do not use this space.

4 PLACE OF DEATH Holt

(a) County Holt Registration District No. 372

(b) Township Primary Registration District No. 4218

(c) City Mound City (d) Street No. 1 St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME John William Bickel.

(a) Residence, No. Mound City, Holt County, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora A. Bond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4th, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

69 2 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar. 1941. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Iowa.

13. NAME John F. Bickel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Sebba Whetzwal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Eda Rostack Mound City, Mo.

18. BURIAL, CREMATION OR DISPOSAL PLACE Mound City. DATE March 31, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Gausman Mound City, Mo.

20. FILED Mar 31, 1941 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1941, to Mar 28, 1941

I last saw him alive on Mar 28, 1941. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of operation

What test confirmed diagnosis? clinic Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury: , 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) J. C. Henry M. D. (Address) Mound City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *W. Crawford*

Licensed Embalmer No. *1824*

P. O. Address *Mound City, 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, above space should be left blank.