

FILED APR 22 1942

Registration District No. 73

Primary Registration District No. 3006-5148

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Boone County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether) 3
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(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 Mch, day 28 -
year 1942 hour 7 minute a M.

21. I hereby certify that I attended the deceased from March 1
1936 to 3-28 - 1942
that I last saw him alive on 3-21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage
Had had several drops past 6 years. Arterio sclerosis
Due to _____

Duration

1 day

10 yrs

Other conditions _____
(Include pregnancy within 3 months of death) g30

Major findings: _____
Of operations none
Of autopsy none

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 _____

23. Signature AWT Kaufmann (M. D. or other) _____
Address Columbia, Mo Date signed 3/28/42

3. (a) PRINT FULL NAME John S. Bicknell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug, 14 - 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Bicknell

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

14. Maiden name _____
15. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Infirmary Records

(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof 3-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo

18. (a) Signature of funeral director Porters F. Service

(b) Address Columbia, Mo

19. (a) 3-29-42 (b) Edna Z. Barber
(Date received local registrar) (Registrar's signature)

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

1000

1250

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. H. Vandeventer

Licensed Embalmer No.

2494

P. O. Address

Columbus, 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.