S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1934

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11594

Registration District No. ~~3272~~

Primary Registration District No. 3272

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 546 E Eastwood / (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 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE

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

(d) Street No. 546 E EAST Wood (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME FANNIE MARY BICKFORD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Philip BICKFORD

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

7. Birth date of deceased Aug (Month) 17 (Day) 1848 (Year)

8. AGE: Years 95 | Months 6 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Auborn (City, town, or county) / MAINE (State or foreign country)

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name STEAVENS
13. Birthplace (City, town, or county) / MAINE (State or foreign country)

MOTHER
14. Maiden name Deborah
15. Birthplace (City, town, or county) / MAINE (State or foreign country)

16. (a) Informant Dr W.M. BICKFORD

(b) Address MARSHALL MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge PARK

18. (a) Signature of funeral director Don SHort

(b) Address MARSHALL MO

19. (a) 3-19-43 (Date received local registrar) (b) Mrs T. O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Jan 1940 to Jan 11 1943 that I last saw her alive on Jan 10 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	7
E decompensation	/
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

Signature [signature] (M. D. or other)

Address Marshall MO Date signed 3/

1270

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Filed 4-7-43

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall, 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.