

No. 2
8-43
5-17-39
X37823

State File No.

FILED JAN 19 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 day
(Specify whether

In this community 25 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 513 North 9th 7
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE F. BICKETT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Katherine F. Bickett

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 16 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>19</u>	hr. min.

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

10. Usual occupation retired Bldg. contractor

11. Industry or business

12. Name James A. Bickett

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

14. Maiden name Isabell Dunn

15. Birthplace Baton Rouge Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. F. Bickett

(b) Address 513 No. 9th Street

17. (a) burial (b) Date thereof 1/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet, Cem.

18. (a) Signature of funeral director Horton B. ...

(b) Address 319 So. 10th

19. (a) 1/6/45 (b) Walter Bickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1945 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Dec 7, 1944 to 1-5, 1945.

that I last saw him alive on 1-5, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver

Duration 3 MOS

Due to not known

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: H/O

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

23. Signature W. Harrison (M. D. or other) md

Address St Joseph Mo Date signed 1-6-45

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

MOTHER FATHER

1377

Dr. J. N. Fucon
Pick. Oldy.

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 Frank A. Downey

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.