

B. No. 2
M-2-43
1-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2398

State File No.

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 348

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Font Station Bldg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hardy
807 Hardy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 807 Hardy Font Station
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles D. Bickley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1945 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 1944 to Jan 4 1945
that I last saw him alive on Jan 3 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh

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

6. (b) Name of husband or wife Mary Bickley

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 23 1860
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach

Due to _____

Due to _____

Other conditions metastatic carcinoma of liver

8. AGE: Years 78 Months 7 Days 11 If less than one day _____ hr. _____ min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Duration 2 yrs

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

10. Usual occupation Retired Captodian

11. Industry or business Standard Oil Co

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Harry M. Bickley

(b) Address 6700 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date, thereof 1-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Wt + Mitchell

(b) Address 310 No Main Indep Mo

19. (a) 1-6-45 (Date received local registrar) (b) James H. Ross (Registrar's 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 J. C. Neekerson (M. D. or OTHER) _____
Address Independence Mo. Date signed 1-6-45

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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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry J Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep 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.