S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33036

Registration District No. 14 Primary Registration District No. 5063 Registrar's No.

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Hannon (If outside city or town limits, write "RURAL" and name of township) Barton City Twp.
(c) Name of hospital or institution: /
(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: 51 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 6
(c) City or town: Hannon (If outside city or town limits, write "RURAL") Rural 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ORA GRANT BICKNELL
3. (b) If veteran, name war: None
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ina Bicknell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: October 13 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	11	5	hr. min.

9. Birthplace: Mt. Eirie, (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation: Insurance Adjuster
11. Industry or business: Barton County Mutual Ins. Co.
FATHER
12. Name: A. M. Bicknell
13. Birthplace: Knox County, (City, town, or county) Indiana / (State or foreign country)
MOTHER
14. Maiden name: Anna Hooker
15. Birthplace: Barbourville, (City, town, or county) Kentucky / (State or foreign country)
16. (a) Informant: Mrs. Hazle Sapp
(b) Address: Lamar, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Barton City Cemetery
18. (a) Signature of funeral director: KONANTZ FUNERAL HOME
(b) Address: Lamar, Missouri
19. (a) Sept 20 1945 (Date received local registrar) (b) Hortense Webster / (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1945 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from Sept 1 1945 to Sept 18 1945 that I last saw him alive on Sept 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	3 weeks
Due to: old age	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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
23. Signature: D. Guldner (M. D. or other)
Address: Lamar Date signed 9-18-45

1437

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1946

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 Carl F. Koriantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.