

No. 2  
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-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30159  
Registrar's No. 3768

**FILED** SEP 16 1946

Registration District No. 149

Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
6423 East 16th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 years  
(Specify whether years, months or days)

In this community 41 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 6423 E. 16th St. 5  
(If rural, give location)

(e) Citizen of foreign country? No 1  
(Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Gustave Bickel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color of race White

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

6. (b) Name of husband or wife Alma M. Bickel

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 9 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Femme Osage, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Michael Bickel

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bierbaum

15. Birthplace Femme Osage, Missouri 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma M. Bickel

(b) Address 6423 East 16th St.

17. (a) Burial (b) Date thereof 9-2 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Indep.

18. (a) Signature of funeral director Geo. Harrison

(b) Address Independence Missouri

19. (a) 9-3-46 Staldine Homes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 2  
year 1946 hour 7 minute 15 a.m.

21. I hereby certify that I attended the deceased from Aug 15-46  
1946 to Sept 2 1946

that I last saw him alive on Aug 31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction 2 hrs

Due to Myocardial Reg 2 yrs

Due to \_\_\_\_\_

Other conditions 92-5  
(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature R L St. Clair (M. D. or other) \_\_\_\_\_

Address 5242 St. John Date signed 9/3-46

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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.....

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

Signed *R. A. Lisle*.....

Licensed Embalmer No. 4123.....

P. O. Address Independence, 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.**