

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10029**
Registrar's No. **2837**

FILED APR 10 1947
Registration District No. **217**

Primary Registration District No. **3045**

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

1. PLACE OF DEATH:
(a) County **Mississippi**
(b) City or town **Charleston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1302 E. Commercial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Several years.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Walter Scott Bickford**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lessie Bickford** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **February 2, 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 **1** **26** hr. min.

9. Birthplace **Not Known** **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
Farming

11. Industry or business _____
12. Name **Not Known** 9
13. Birthplace **Not Known** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Not known** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hattie Moore**
(b) Address **Charleston, Missouri.**

17. (a) **Burial** (b) Date thereof **3-30-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery**
Charleston, Missouri

18. (a) Signature of funeral director **John H. Himmels**
(b) Address **Charleston, Missouri.**

19. (a) **4-3-47** (b) **Mrs. Philip Bonduran**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **Mississippi** 7
(c) City or town **Charleston,**
(If outside city or town limits, write "RURAL")
(d) Street No. **1302 E. Commercial** 2
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28th**
year **1947** hour **8:00** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **May 3** 19**47**, to **Mar 28** 19**47**
that I last saw him alive on **Mar 18** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulm Tuberculosis 3 yrs

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **none** 1313
Of operations _____
Of autopsy **none**
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 _____
23. Signature **E. Chosaliving** (M. D. or other) _____
Address **Charleston Mo** Date signed **4/3/47**

RECEIVED

District Health Office No. 2

District File Number 447-499

Date Filed 4-8-47

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 Edward E. Munnelle

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.