

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30084

FILED SEP 9 1947

State File No. \_\_\_\_\_

Registration District No. 22

Primary Registration District No. 6146

Registrar's No. 86

1. PLACE OF DEATH:

(a) County **Shelby**  
(b) City or town **Leonard Mo. Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **George H. BISCHSEL**  
3. (b) If veteran, name war **X**  
3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Gladys Bichsel** 6. (c) Age of husband or wife if alive **26** years  
7. Birth date of deceased **April 15th 1914**  
(Month) (Day) (Year)

8. AGE: Years **33** Months **4** Days **10** If less than one day  
hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **George Bichsel**

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

14. Maiden name **Beatrice Peoples**

15. Birthplace **Leonard Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gladys Bichsel**

(b) Address **Leonard, Mo.**

17. (a) **Burial** (b) Date thereof **8-27-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Michael Cemetry**

18. (a) Signature of funeral director **Million & Barkerleew**

(b) Address **Shelbina, Mo.**

19. (a) **9-5-47** (b) **Ruth J. J. J.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**  
(c) City or town **Leonard Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **25**  
year **1947** hour **Not known** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of spine**  
**total paraplegia**  
Due to **tractor turning over**  
**and falling back pinning**  
Due to **body down**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **August 25, 1947**  
(c) Where did injury occur? **Shelby Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**1 mi. West 1 mi. North of Leonard Mo. County Rd.**  
(Specify type of place) (e) Means of injury **Tractor Spine**  
While at work? **Yes**

23. Signature **Boone**  
Address **Shelby Mo** Date signed **8/25/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 9-47-1180  
Date Filed SEP-8-1947

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.....

*James D. Davis*....., Registered Apprentice No. *443*  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3498*

P.O. Address.....

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.