

FILED JUL 13 1948

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1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Richland Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Mi. South of Gasconade
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Louis A. Bickham

3. (b) If veteran, name war No. 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 Beverly Vivian 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 24 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 6 18 hr. min.

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

10. Usual occupation Press Setter

11. Industry or business

12. Name Millard E. Bickham
13. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jessie B. Bickham
15. Birthplace Exeter Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Millard E. Bickham

(b) Address Birmingham Ala.

17. (a) Removal (b) Date thereof 6-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo.

18. (a) Signature of funeral director Hugot H. Shumer

(b) Address Hermann Mo.

19. (a) 6/12/48 (b) H. H. Shumer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town Davenport 13
(If outside city or town limits, write "RURAL")
(d) Street No. 1634 Rockingham 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1948 hour 4 minute 15 P.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 Accidental Drowning-
Gasconade River, 1 mi. south
of Gasconade, Mo.
Due to

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 183
Of autopsy 183
Underline the cause to which death should be charged statistically.

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

(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence June 12, 1948 37
(c) Where did injury occur? Gasconade Co., Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Gasconade River
(Specify type of place)
While at work? Swimming (e) Means of injury

23. Signature Hugot H. Shumer (M.D. number) Coroner
Address Hermann, Mo. 2 Date signed 6-12-48

RECEIVED
District Health Officer No. 9,
District File Number
7/12/48

JUL 13 1948

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

Chas. N. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.