

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26862
State File No.
Registrar's No. 236

Registration District No. 169

Primary Registration District No. 4258

1. PLACE OF DEATH:

(a) County KNOX
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Gibson Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs.
In this community 8 yrs.
years, months or days

3. (a) PRINT FULL NAME Henry Wm. Bickel

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ida Drewel 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased July - 2 - 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 7 If less than one day hr. min.

9. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher, Farmer

11. Industry or business

12. Name Michael Bickel

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

14. Maiden name Mary Bierbaum

15. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martin N. Bickel

(b) Address Knox City, Mo.

17. (a) Burial (b) Date thereof Aug-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bone Hill Cemetery, Levasy, Missouri

18. (a) Signature of funeral director Paul S. Sumner

(b) Address Edina, Missouri

19. (a) Aug-9-48 (b) Paul S. Sumner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Knox City rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles West of Knox City
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1948 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 2 to Aug 9, 1948;
that I last saw him alive on Aug 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid Duration 6 mo.

Due to

Due to

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)

(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? (Specify type of place)

23. Signature (M. D. or other)

Address Edina, Mo. Date signed 8/10-48

RECEIVED

District Health Officer No. 10

District File Number 8-48-14

Date Filed AUG 16 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.....

Keith H. Hurlson

Licensed Embalmer No. 2415

P. O. Address

Edina, 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.