

REC FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3348

Registration District No. 527

Primary Registration District No. 5703

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Rural Bevier Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community  
years, months or days)

8. (a) PRINT FULL NAME Theodore Bischof

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 Adel Heed Bischof 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 20, 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 5 If less than one day - hr. - min.

9. Birthplace Germany Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business

MOTHER FATHER  
12. Name Antony Bischof  
13. Birthplace Germany Austria  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Rusler  
15. Birthplace Germany Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theodore Bischof  
(b) Address Bevier, Mo.

17. (a) Burial (b) Date thereof 1-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Oakwood Cemetery

18. (a) Signature of funeral director W. H. Good

(b) Address Bevier, Mo.

19. (a) Jan. 28, 1941 Edw. Simpson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

(d) Street No. / (If rural, give location)

(e) If foreign born, how long in U. S. A. 35 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26  
year 1941 hour 3 minute 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 Broken neck caused by fall of rock in coal mine  
car in which he was riding

Due to jumped from track knocking a timber loose, allowing a rock

Due to fall on him

Other conditions: (Includes pregnancy within 3 months of death)

Major findings: Of operation

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 JAN 25, 1941

(c) Where did injury occur? Bevier Macon Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Coal mine

While at work? yes (Specify type of place) (e) Means of injury Broken neck

23. Signature W. H. Good (M. D. or other)

Address Bevier, Mo. Date signed

RECEIVED

District Health Officer No. 10

District File Number 2-41-263

Date Filed Feb 12 1941

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 \_\_\_\_\_

*J. H. Edwards*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *J. H. Edwards*

Licensed Embalmer No. 1961

P. O. Address Bevels 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, above space should be left blank.