

S. No. 2
M-343
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED APR 1 1947 STANDARD CERTIFICATE OF DEATH

State File No. 7847
Registrar's No. 88

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 Price Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Months (Specify whether
in this community 8 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 401 Price Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSS MOORE BICKLEY
3. (b) If veteran, name war None 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Cauthorn Bickley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 - 9 - 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Engineer

11. Industry or business _____
12. Name John Howard Bickley

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

14. Maiden name Amelia Wade
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Buford Bickley
(b) Address 401 Price Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 3-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Parlier Funeral Service
(b) Address Columbia, Mo.

19. (a) 3-19-47 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18
year 1947 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan 27 1947 to Mar 18 1947
that I last saw him alive on Mar 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease Duration 3 yrs
arterial hypertension.

Due to _____
Due to _____

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

Major findings: ASD
Of operations _____
Of autopsy _____

PHYSICIAN
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? _____

(Specify type of place)
While at work Jan 7 means of injury _____
23. Signature _____ (M. D. or other) MD
Address Columbia Mo Date signed 3/19/47

Date Filed 3/31/47
District File Number _____
District Health Officer No. 9,
RECEIVED

APR 11 1947

SEP 30 1947

APR 10 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Tom McHarg
Licensed Embalmer No. 4867
P. O. Address Columbia, 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.