

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2704
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 11
 (c) City Washington, Mo. (d) Street No. St. Francis Hospital, Washington, Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Labadie, Mo. R. #1. St. Labadie, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth Bishop.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13th, 1881.
 7. AGE YEARS 56 MONTHS 4 DAYS 16
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tavern keeper.
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) Jan. 1938.
 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Mayfield,
 (STATE OR COUNTRY) Kentucky.

FATHER 13. NAME Joseph Bishop,
 14. BIRTHPLACE (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Hart,
 16. BIRTHPLACE (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY)

17. INFORMANT Miss Mary Bishop,
 (ADDRESS) Labadie, Mo. R. #1.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Paducah, Ky DATE Feb. 21-1938

19. FUNERAL DIRECTOR Nieburg & Vitt, Inc.,
 (ADDRESS) Washington, Mo.

20. FILED Jan. 30-1938 NTU May
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

Auto Accident
fractured skull
 Date of onset _____

Other contributory causes of importance:
deceased was dressed in collision

Name of operation none Date of _____
 What test confirmed diagnosis? looney Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Nature of injury 1/29, 1938
 Where did injury occur? Highway # 100
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Highway # 100
 Manner of injury _____
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Phos. P. Shaffer coroner
Jullman md
 (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE DEPT. OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, A. C. Nieburg, Licensed Embalmer No. 2387

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. C. Nieburg
Licensed Embalmer No. 2387

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.)