

REC'D MAY 17 1938

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

14378

Do not use this space.

1. PLACE OF DEATH

(a) County Clay
 (b) Township Fidelity
 (c) City.....
 (e) Length of residence in city or town where death occurred

Registration District No. 118 5277A
 Primary Registration District No. 3011

Registered No. 50

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. William Bishop St.
 (Usual place of abode, if no street address, write county or city)

210 (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hertules Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 - 1864

7. AGE YEARS 73 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.13. NAME Jerry Bishop14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Louy Adelia Louy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFANT (ADDRESS) Mrs. Hattie Bishop

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE 4-12-38

19. FUNERAL DIRECTOR (ADDRESS) Claude Duchap
Excelsior Springs, Mo.

20. FILED Apr 12, 1938 Louisa N. Beck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 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 m.

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

Styphobolosis to Nephritis Date of onset
(Chronic) Coronary Sclerosis
131

Other contributory causes of importance: Sympathetic heart conditionsDr. E. P. Mc Graham had seenName of operation: this Patient Date of.....What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M. L. Young Cooper M. D.(Address) Liberty Clay County Mo

STATEMENT BY LICENSED EMBALMER

I, Claude Prichard, Licensed Embalmer No. 2751

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

..... L. E.
No. 2751 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2751

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.)