

REC'D APR 17 1939

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

9718

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1007 Registered No. 1324
(c) City N.E. Mo (d) Street No. McDon Hosp St.
(If death occurred in Hospital or Institution, write 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. 210 Arthur Bishop
1614 Washington (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 7 day

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saline County
(STATE OR COUNTRY) Missouri

13. NAME John T. Bishop

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Bryant

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Stella C. Bishop
(ADDRESS) Whiting, Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Feb 27 1939

19. FUNERAL DIRECTOR (NAME) George C. Carson
(ADDRESS) Independence, Mo.

20. FILED Mar 27 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-3922. I HEREBY CERTIFY, That I attended deceased from 3-22-39 to 3-25-39, 1939I last saw him live on 3-25-39 Death is saidto have occurred on the date stated above, at McDon Hosp.

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

Lobar Pneumonia Date of onsetat upper + middlelobe 108

Other contributory causes of importance:

Terminal Bronchopneumonia lobar lobes

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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 no, specify.....

(Signed) R. H. De Maria, M. D.(Address) St. Louis, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.