

13-40
7-39
X23159

REC AUG 18 1941

Registration District No. 398

Primary Registration District No. 3819

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)

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

In this community 33 Years / (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Independence 4
(If outside city or town limits, write "RURAL") 4

(d) Street No. 300 West Sea Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Beatrice Bishoff

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1941 hour 4 : 30 minute A . M.

21. I hereby certify that I attended the deceased from July 11
....., 1941, to July 15, 1941;
that I last saw her alive on July 15, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lawrence A Bishoff

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 14, 1872
(Month) (Day) (Year)

Immediate cause of death

Myocardial Failure
Chronic nephritis
Hypertension

Due to

Duration Do not know

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>2</u>	hr. _____ min.

Due to

Other conditions (include pregnancy within 3 months of death)

1318

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown 9

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence A Bishoff

(b) Address 300 West Sea Inden, Mo.

17. (a) Burial (b) Date thereof 7-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Quincy Turner

(b) Address 214 North Spring St. Inden, Mo.

19. (a) July 17, 1941 (b) H. P. Cook M.D.
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. H. Saunders (M. D. or other) MD

Address Inden, Mo. Date signed 7-16-41

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

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 *by M*

....., Registered Apprentice No.

working under my personal supervision.

Signed

J L Latta

Licensed Embalmer No.

2632

P. O. Address

Surp. 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.