

FILED NOV 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34948

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

884

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
846 S. Clay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 846 S. Clay
(If rural, give location)
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1941 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 11/2/41
to 11/6/41 1941.
that I last saw him alive on 11/6/41
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chr.

Due to
Due to
Other conditions Semility
(Include pregnancy within 3 months of death)

Major findings:
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) (Specify means of injury)
While at work?
23. Signature W. E. Handley (M.D. or other)
Address Springfield, Mo. Date signed 11/8/41

3. (a) PRINT FULL NAME Jesse E. Bishop

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lura Belle Bishop 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased September 26 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 11 If less than one day
hr. min.

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

10. Usual occupation Contractor

11. Industry or business

12. Name Levi Bishop

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Glen Bishop

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 11/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-8-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

9
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NOV 21 1941

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..... *Lewis J. Schopf*.....
Licensed Embalmer No. *3802*.....
P. O. Address..... *Springfield Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING (failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.