

No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41707

State File No. _____

JAN 6 1942

Registration District No. 246

Primary Registration District No. 5340

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Plad Rural Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 59 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Plad Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Bishop

3. (b) If veteran, name war _____

3. (c) Social Security, No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 08
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 19th 1941 to Sept 28 1941,
that I last saw him alive on Sept 17th 1941,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Nora Bishop 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov - 3 - 1881
(Month) (Day) (Year)

Immediate cause of death Whooping Cough of Larynx about 4 years Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1248

8. AGE: Years 59 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Bishop

13. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Vandergast

15. Birthplace Cash Grove Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Bishop

(b) Address Plad Mo

17. (a) Kirks Chapel (b) Date thereof Sept 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirks Chapel

18. (a) Signature of funeral director B. B. Jones

(b) Address DuBois Mo

19. (a) Dec. 23 1941 (b) Wm. Stogdill
(Date received local registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature G. D. Myers (M. D. or other) MD

Address Madison Mo Date signed 10/8/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2074

Date Filed 1-5-82

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, fact should be so stated above.