

FILED MAR 16 1942
Registration District No. 162

Primary Registration District No. 6003

Registrar's No. 1

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Clair

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

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

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 9.9

(c) City or town Humansville (Rural) 0
(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 0

3. (a) PRINT FULL NAME Stephen Douglas Bishop

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1942
to Feb 9 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color, or White
race White

6. (a) Single, widowed, married, Widowed
divorced 2

6. (b) Name of husband or wife Eligai Elley 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June 17 1860
(Month) (Day) (Year)

that I last saw him alive on Jan 29 1942

Immediate cause of death chronic nephritis Duration _____

Due to _____

Due to _____

8. AGE: Years 81 Months 7 Days 23
If less than one day _____ hr. _____ min.

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace 1 Kv
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jim Bishon

13. Birthplace 1 Kv
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Lon Hughes

(b) Address Humansville, Mo

17. (a) Burial (b) Date thereof 2/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holsapple Cemetery

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)

While at work? _____ (e) Means of injury _____

23. Signature D. E. D. Brown (M. D. or other) D.O.
Address Collins Mo Date signed _____

18. (a) Signature of funeral director Joseph & Hutsler

(b) Address Humansville, Mo.

19. (a) Feb. 10 1942 (b) Neta Smith
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 3-42-229

Date Filed 3-9-42

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.....

Ralph A. Joseph

Licensed Embalmer No. 314A

P. O. Address Humansville

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.