

FILED APR 23 1942 85

Registration District No.

Primary Registration District No. 1001

Registrar's No. 391

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH - HOSP - D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)
In this community OVER - 50 - YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 421 Althermoale St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELMER-F-BISHOP

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

4. Sex Male 5. Color of race W H 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June 13 1886 (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Stone-Mason

11. Industry or business Bricklayer

12. Name Fred Bishop

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

14. Maiden name Kathryn Scheffer

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

16. (a) Informant Gertrude M. Bishop

(b) Address St Joseph Mo

17. (a) burial (b) Date thereof Apr. 16 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Roy Clancy

(b) Address St Joseph Mo

19. (a) 4-14-42 (b) Doc Henry (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1942 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from 4-12 1942 to 4-14 1942 that I last saw him alive on 4-13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia
Due to: Myocarditis, etc.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X 108
Of autopsy See above

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 Wayne D. Cline (M. D. or other) MD.
Address Social Welfare Bldg Date signed 4-14-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

John Roy Stoney

Licensed Embalmer No. *2435*

P. O. Address.....
St Joseph 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.