

FILED JUN 19 1942
218

Registration District No. _____ Primary Registration District No. 2001

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 Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME HARVEY F. BISHOP
3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellen Bishop 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased January 31 - 1876
(Month) (Day) (Year)

8. AGE: Years ✓ 66 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ellen Bishop
(b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof 5-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Golden City, Mo

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo

19. (a) 5-23-42 (b) S. W. Stubby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Golden City (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 21
year 1942 hour 10 minute 45 A. M.
21. I hereby certify that I attended the deceased from May 14, 1942, to 5/21, 1942
that I last saw him alive on 5/21/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 16d
Due to _____
Due to 940

Other conditions (Include pregnancy within 3 months of death) Probable Ruptured myocardium
Major findings: _____
Of operations: _____
Of autopsy none made

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 Guy D Callaway (M. D. or other) MD
Address Springfield Date signed 5/21/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
Form 1 1931

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, above space should be left blank.

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