

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10212

State File No.

FILED MAR 27 1943

Registration District No. 210

Primary Registration District No. 2000

Registrar's No. 227

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:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 days
(Specify whether
In this community 45 days
years, months or days)

3. (a) PRINT FULL NAME ALBERT L. BISHOP

3. (b) If veteran, name war World War I 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 22, 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 23
If less than one day hr. min.

9. Birthplace Russell Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name Unknown

13. Birthplace Kalamazoo, Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant WT. AGO Forms #20 and #24

(b) Address Removal

17. (a) (b) Date thereof 3-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas

18. (a) Signature of funeral director Springfield, Mo.

(b) Address Springfield, Mo.

19. (a) 3-16-43 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Leavenworth
(c) City or town Leavenworth
(If outside city or town limits, write "RURAL")
(d) Street No. 907 North 9th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 30, 1943 to March 15, 1943

that I last saw him alive on March 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Liver, atrophy of, acute
Duration 2 1/2 mos.

Due to 125a
Due to

Other conditions Abscess, acute, left buttock.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Confirmation of above diagnosis.

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?

23. Signature W. H. Handley (Specify type of place) Springfield, Mo.
While at work? (e) Means of injury

Address Springfield, Mo. Date signed 3-16-43

984

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Harlow Knabb

Licensed Embalmer No.

4065

P. O. Address

Springfield, 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.

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