

STANDARD CERTIFICATE OF DEATH

9276

State File No. _____

FILED APR 10 1948

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1454

1. PLACE OF DEATH:

(a) County Jackson, Kansas
(b) City or town City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4229 Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community since 1899 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, Mo.
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4229 Windsor (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Jennie M. Bishop

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carl S. Bishop 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 26 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 30 If less than one day 29 hr. _____ min.

9. Birthplace New Hampshire (City, town, or county) (State or foreign country)
10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER

12. Name Prentice A. Maynard
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Martha J. Cooke
15. Birthplace Massachusetts (City, town, or county) (State or foreign country)

16. (a) Informant Carl S. Bishop
(b) Address 4229 Windsor, Kansas City, Mo.
17. (a) burial (b) Date thereof 3-28-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery, Stine & McClure,

18. (a) Signature of funeral director 3235 Gillham Plaza, K. C., Mo.
(b) Address

19. (a) 3-27-46 (b) Steraldine Holman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1946 hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 29 1945 to Feb. 1 1946
that I last saw her alive on Feb. 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis

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

Major findings: Of operations U
Of autopsy _____

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) _____ means of injury U
23. Signature Jesse O. Pring M. D. or D. O. M. O.
Address 1103 Grand Date signed 3-27-46

Duration

1 Ann

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8202

Crypt. Burds.

Dr. Jesse Rising

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K C 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.