

FILED OCT 8 1946

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 4025

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks. (Specify whether
In this community 4 weeks. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS 19
(c) City or town BELTON 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES NORMAN 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 LYDIA MARGARET BISHOP 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased APRIL 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 4 hr. min.

9. Birthplace LOWELL ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name ALONZO BISHOP

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

14. Maiden name MARTHA MAYS

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

16. (a) Informant MRS. J. N. BISHOP

(b) Address BELTON, MO.

17. (a) BURIAL (b) Date thereof Sept 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. MORIAN, K.C., Mo.

18. (a) Signature of funeral director G. F. Beckwith Sons

(b) Address BELTON, MO.

19. (a) 9-24-46 (b) Stralidine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 26, 1946, to Sept 23, 1946,
that I last saw him alive on Sept 23, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Bi causal
Ca of Bladder
Due to _____
Due to _____

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

Major findings: Of operations 40%
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) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 9/24/46

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

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

Dr. D. R. Black
Pres. Bd. of Reg.

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. 3645

P. O. Address. Seaside, 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.