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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33248

FILED OCT 23 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 820

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 12 Hours (Specify whether years, months or days)
In this community 12 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone 104
(c) City or town Galena
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Bishop
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margery Bishop
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased June (Month) 13, (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
34	4	27	hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Boilermaker
11. Industry or business
FATHER 12. Name Gordon Emery Bishop
13. Birthplace Unknown (City, town, or country) Ga (State or foreign country)
MOTHER 14. Maiden name Dora Jane Ray
15. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Margery Bishop
(b) Address Galena, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director Herman H Lohmeyer
(b) Address Springfield, Missouri
19. (a) 10-11-46 (Date received local registrar) (b) N. E. Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1946 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from 10-9- 1946 to 10-10- 1946 that I last saw him alive on 10-9- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Burns involving face chest abd. of 2-3 d. Burn	9½ hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Burns - Gasoline Explosion
(b) Date of occurrence 10-9-46
(c) Where did injury occur? Galena Mo (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Burns from Gasoline Exp.
23. Signature C. E. Zeller (M. D. or other)
Address Springfield Mo Date signed 10/10/46

111 (Licensed Embalmer's Statement on Reverse Side)

OCT 27 1947

OCT 24 1947

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 Roy H Mercer Jr., Registered Apprentice No. 380, working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

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.