

FILED FEB 20 1947
Registration District No. 2767

Primary Registration District No. 5945

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural - Dillon Jwp
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Yr.
In this community 50 Yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps 81
(c) City or town Rolla 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 1 0
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Cora Mae Bishop

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Eli L. Bishop 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased MAY 24 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Osage Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

12. Name Allen B. Mathews
13. Birthplace Osage Co. MO 0 (City, town, or county) (State or foreign country)
14. Maiden name Cora Ann Agee
15. Birthplace Osage Co. MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. L. Bishop
(b) Address Rolla, MO

17. (a) Burial (b) Date thereof 1-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, MO

18. (a) Signature of funeral director O. D. Smith

(b) Address Rolla, MO

19. (a) Feb-5-1947 Cora E. Birmingham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1947 hour 1 minute 41 P.M.

21. I hereby certify that I attended the deceased from Jan 20, 1947 to Jan 21, 1947 that I last saw her alive on Jan 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 48 hrs

Due to Hypertension YEARS

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83 R

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature G. E. Seders (M. D. or other M.D.)
Address Ramsey Bldg., Rolla, Mo Date signed 1-24-47

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.....

Licensed Embalmer No..... 3643

P. O. Address..... Falls, 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.