

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED NOV 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34771

State File No. _____
 Registrar's No. 171

Registration District No. 150 Primary Registration District No. 5072

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural - Prairie
 (c) Name of hospital or institution Jackson Co Emergency Hospital
 (d) Length of stay: In hospital or institution 4 days
 In this community 44 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 49
 (c) City or town Independence 4
 (d) Street No. 802 So. Woodland 4
 (e) Citizen of foreign country? No. (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME Christian Henry Bischoff
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 15 year 1947 hour 3 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 10 Oct 1947 to 15 Oct 1947
 that I last saw him alive on 15 October 1947 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh
 6. (a) Single, widowed, married, divorced married
 6. (c) Age of husband or wife if alive 85 years
 7. Birth date of deceased 9m 16 - 1855

Immediate cause of death Terminal bronchopneumonia 2 days
 Due to Senility
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	92	4	29	- hr. - min.

Other conditions (Include pregnancy within 3 months of death) 109
 Major findings: Of operations None
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Germany
 10. Usual occupation Retired
 11. Industry or business Carpenter
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown

16. (a) Informant Mrs Ida Bischoff
 (b) Address 802 So Woodland
 17. (a) Burial (b) Date thereof Oct 17-47
 (c) Place: burial or cremation Mt Washington Cem
 18. (a) Signature of funeral director Oct + Mitchell
 (b) Address 310 No Main St Ind Mo
 19. (a) 10-17-47 (b) Donald C. Barnshaw

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 Address Jackson Co. Mo Date signed 16 Oct 47

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

MAY 19 1948

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.....

R Alan Griffith....., Registered Apprentice No. *451*
working under my personal supervision.

Signed.....
J. M. Davis

Licensed Embalmer No. *3156*

P. O. Address *Indep 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.