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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 30 1948

Registration District No. 228

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8406

Primary Registration District No. 2000

Registrar's No. 216

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: Spgfld. Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 hrs. 20 min. (Specify whether years, months or days)
In this community: 10 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 37
(c) City or town: Springfield Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 911 s. Newton 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Lura Ann Bishop

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May (Month) 11 (Day) 1947 (Year)

8. AGE: Years 0 | Months 10 | Days 1 | If less than one day: hr. min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Emery Bishop
13. Birthplace: Springfield, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name: Cressa White
15. Birthplace: Rogersville, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: Emery Bishop (father)
(b) Address: 911 South Newton

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 3-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: East Lawn Cem.

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: 630 St. Louis St

19. (a) 3-14-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-10-1948 to 3-13-1948 that I last saw her alive on 3-13-1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration

Due to:

Due to:

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

Major findings:
Of operations: 0
Of autopsy:

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

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) 6
While at work? (e) Means of injury: 0

23. Signature: W Kelly (M. D. or other):
Address: Springfield Mo Date signed: 3-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Julian R. Goodwin Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Hundle

Licensed Embalmer No. 2831

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.