

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29808
Leachville, Ark
State File No. _____

474
5416 Registrar's No. 9

BIRTH NO. _____		REG. DIST. NO. <u>102</u>		PRIMARY REG. DIST. NO. <u>5416</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cardwell</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN (If outside corporate limits, write BURAL and give township) <u>Cardwell</u>		35	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>Garland</u>		a. (First) _____		b. (Middle) <u>Miller</u>		c. (Last) <u>Bishop</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>March 8, 1875</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>		IF UNDER 24 HRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1949</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cotton Plant, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Thomas Jefferson Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hickenbotham</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Bishop</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Bishop</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown D.O.A.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>never</u> , 19____, to <u>D.O.A.</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>T. J. Rodman M.D.</u> (Degree or title)				23b. ADDRESS <u>Leachville Ark</u>		23c. DATE SIGNED <u>18 June 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-2-49</u>		REGISTRAR'S SIGNATURE <u>E. L. Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Emerson</u> ADDRESS <u>Paragould, Arkansas</u>			

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

SEP 12 1944

RECEIVED

District Health Office No. _____

District File Number 944-_____

Date Filed _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.