No. 300
10.48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22778

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 853

0117
0

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8008
d. STREET ADDRESS (If rural, give location): 7635 McGee

3. NAME OF DECEASED (Type or Print)
a. (First): Alvis
b. (Middle): Ross
c. (Last): Bishop Jr.

4. DATE OF DEATH (Month) (Day) (Year): July 12 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 12, 1921
9. AGE (In years last birthday): 28 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Graybar Electric Co.
11. BIRTHPLACE (State or foreign country): Tulsa, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alvis Ross Bishop, Sr.
13b. MOTHER'S MAIDEN NAME: Grace Stockton
14. NAME OF HUSBAND ~~OR WIFE~~: Bernadine Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 490-16-3101
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bernadine Bishop — ADDRESS: 7635 McGee

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Laceration	5 hours
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Skull Fracture - basal	[illegible]
DUE TO (c)		26
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Ruptured urinary bladder (Traumatic)	5 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 077
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #71 Near Faucett
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buch. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 12-1950 6 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto collided head-on with oil transport truck

22. I hereby certify that I attended the deceased from July 12, 1950, to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 11 40 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John R. McDaniel, M.D.
23b. ADDRESS: 902 Edmond St. St Joseph, Mo
23c. DATE SIGNED: July 12 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 12, 50
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 7-28-50
REGISTRAR'S SIGNATURE: E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons — ADDRESS: K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.