

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25730  
Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH

(a) County Washado Registration District No. 449  
 (b) Township Lebanon Primary Registration District No. 4267  
 (c) City Lebanon (d) Street No. Wallace Hospital St. Wallace Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ila Belle Bishop 210

(a) Residence, No. 210 St. Wallace Hospital St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Work  
 9. Industry or business in which work was done, as saw mill, bank, etc. Work  
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME Joseph Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Verneta Beckford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) James Bishop  
Bice mot

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke's Chapel DATE 7/5/38

19. FUNERAL DIRECTOR (ADDRESS) L. B. Jones  
Buffalo Mo

20. FILED 7-6-38 W. A. M. Lamb  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7 1938

22. I HEREBY CERTIFY That I attended deceased from June 20, 1938 to July 4, 1938  
 last saw him/her alive on July 4, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 1934  
59

Other contributory causes of importance: Shin splint of foot

Name of operation none Date of operation none  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide no Date of injury none, 1938  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) W. A. M. Lamb M. D.  
 (Address) Buffalo Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Blyde Montgomery* .....

Licensed Embalmer No. *3592*

**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.)**