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.

JAN 5 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44844
Do not use this space.

1. PLACE OF DEATH
(a) County WEBSTER
Registration District No. 898
(b) Township E. Dallas
Primary Registration District No. 6203
Registered No. 23
(c) City /
(d) Street No. ..... 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 X yrs. 2 mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie James Bishop
(a) Residence, No. Diggins Mo., 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Bishop
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14 1901
7. AGE YEARS 37 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogers, Arkansas /

FATHER
13. NAME William Bishop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas /

MOTHER
15. MAIDEN NAME Martha Hight
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas /

17. INFORMANT (ADDRESS) Mrs. Virginia Bishop Diggins, Missouri.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Gentry DATE Nov. 7 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey Marshfield, Missouri.
20. FILED 11-28 1938 Lester W. Good Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1938.
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to Nov. 5, 1938
I last saw him alive on Nov. 5, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance: Pulmonary Hemorrhage	11-5-38.

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. F. Schlicht, M. D.
(Address) Niangua Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-867
Date Filed DEC 19 1938

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, Rex Rainey, or by x x

Registered Apprentice No. x x, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.