

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

12424

Do not use this space.

1. PLACE OF DEATH

(a) County Saline
 (b) Township.....
 (c) City Marshall
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 79638
 Primary Registration District No. Registered No. 48
 (d) Street No. Fitzgibbons Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Samuel Bishop
 (a) Residence, No. 507 North Lyon 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 Florence Bishop		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 16, 1872		
7. AGE 66	YEARS	MONTHS 3
		DAY 18
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer	
	9. Industry or business in which work was done, as saw mill, bank, etc. Retired	
	10. Date deceased last worked at this occupation (month and year).....	
		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri		
FATHER	13. NAME Charles W. Bishop	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
MOTHER	15. MAIDEN NAME Mary Catherine Masters	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
17. INFORMANT (ADDRESS) John S. Bishop Marshall, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE March 7, 1939		
19. FUNERAL DIRECTOR (ADDRESS) Campbell-Lewis Marshall, Mo.		
20. FILED 3-6-39 Mary Kent Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 4, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 21, 1939, March 4, 1939**

I last saw him alive on **March 4, 1939**. Death is said to have occurred on the date stated above, at **8:30** m.

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

Lobar pneumonia

Type 3 - 6

2-21-39

Other contributory causes of importance: **10 6**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? **No**
 If so, specify.....
 (Signed) **M. D.**
 (Address) **Marshall, Mo.**

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/16/39

STATEMENT BY LICENSED EMBALMER

I, Joe N. Rennie, Licensed Embalmer No. 1171

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 Joe N. Rennie
Licensed Embalmer No. 1171

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.)