

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH21355
Do not use this space.

1. PLACE OF DEATH

(a) County..... Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 or City K. C. Mo. (d) Street No. St. Mary's Hospital St. 2623
 (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

236 Sister Mary Hildegardis Bishop
 (a) Residence, No. Loretto Academy St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>62</u>	<u>23</u>	

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

12. BIRTHPLACE (CITY OR TOWN)..... Louisville, Ky (STATE OR COUNTRY)

FATHER 13. NAME Nicholaus Bishop

14. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Kathrina Niederpruemn

16. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Sisters of Loretto
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE July 1, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner
(ADDRESS) Kansas City, Mo.

20. FILED 6/30, 1939 m. m. Grome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1939 to 6-29-1939.
 I last saw her alive on 6-29-1939. Death is said to have occurred on the date stated above, at 11:05 AM
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 9/20

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? Lab. + X-ray 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? mp
 If so, specify.....
 (Signed) J. St. J. B. Grome, M. D.
 (Address) Kansas City

Dr. T. S. Bourke

AR 71e

VI 3345

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

A. R. Hauschild

Licensed Embalmer No.

4062

P. O. Address

204 Linwood

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, above space should be left blank.