

DEED JUL 11 1939

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

22751

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 392
(b) Township Montgomery Primary Registration District No. 15790
(c) City Montgomery City, Mo. (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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY VIRGINIA BISHOP

(a) Residence, No. _____ 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Montgomery County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James Oliver

14. BIRTHPLACE (CITY OR TOWN) State of
(STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Cornelia Mangum

16. BIRTHPLACE (CITY OR TOWN) State of
(STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) W G Bishop
Montgomery City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City DATE June 6, 1939

19. FUNERAL DIRECTOR (NAME) James
(ADDRESS) Montgomery City, Mo.

20. FILED June 5, 1939 Buell Meryfee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1934 to June 4, 1939

I last saw her alive on June 4, 1939 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Cholecystitis, Chronic

Date of onset 1934

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam there an autopsy? No

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) Buell Meryfee, M. D.
(Address) Montgomery City, 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.

THIS IS A PERMANENT RECORD

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, ~~and~~

Joseph A Marlow, Registered Apprentice No. _____
working under my personal supervision.

Signed

Joseph A Marlow

Licensed Embalmer No. *3658*

P. O. Address *Montgomery City, Pa.*

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.