

REC'D SEP 12 1939

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

29205
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE ³ Registration District No. 315
(b) Township S. Campbell ² Primary Registration District No. 5440 Registered No. 656
(c) City SPRINGFIELD (d) Street No. MEDICAL CENTER FOR FEDERAL PRISONERS 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 1 yrs. 3 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME BISHOP, Joe L.

(a) Residence, No. 210 St. Palentine, Texas
(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 Mrs. Clydie Mae (Clark) Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 34 11 14

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. Agriculture
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) West Station, Texas
(STATE OR COUNTRY) U. S.

FATHER 13. NAME Dan Bishop

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

MOTHER 15. MAIDEN NAME Mrs. Lex (Bailey) Bishop

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

17. INFORMANT Deceased
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palentine, Texas DATE 8-24

19. FUNERAL DIRECTOR (NAME) A. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILE Aug 27 1939 Chas. A. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1938 19... to Aug. 24, 1939, 19...

I last saw him alive on Aug. 24, 1939, 19... Death is said to have occurred on the date stated above, at 6:05 p.m. M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary

Date of onset
1937

Other contributory causes of importance:
Pulmonary hemorrhage, massive 8-24-39
Syphilis Unknown

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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 swine
(Signed) E. W. Green, P. A. Surgeon, USPMSp.
Clinical Director, MCFP,
Springfield, Missouri.

APR 16 1948

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.....

Lewis D. Sharpe

Licensed Embalmer No.

3802

P. O. Address.....

Springfield, Mo

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

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

X