

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.

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

35773

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165-
(b) Township Linn Primary Registration District No. 200?
(c) City Stockton (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

210 Georgia Annie Bishop
(a) Residence, No. Stockton, Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. I. Bishop
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
71 1 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Cedar Co., MO. (STATE OR COUNTRY) 0

13. NAME Newton Edge 1

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY) 1

15. MAIDEN NAME Mary White

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

17. INFORMANT G. J. Bishop (ADDRESS) Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL Gum Springs
PLACE _____ DATE 10-8-39 19 _____

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO. (ADDRESS) Stockton, Mo.

20. FILED Oct 10 1939 Mrs. Minnie Barleton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7- 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1939 to Oct. 6, 1939
I last saw her alive on Oct. 6, 1939. Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance were as follows:

Embolism (thrombosis?) of abdominal aorta Date of onset 10/6/39

Other contributory causes of importance: Cardiac decompensation Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? none Was 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) Bernard C. Allen, M. D.
(Address) Stockton, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.