DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44485

Registration District No. 162 | Primary Registration District No. 4457 | Registrar's No.

1. PLACE OF DEATH:
(a) County St Clair 2
(b) City or town Collins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County St Clair
(c) City or town Collins
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eliza Ellen Bishop
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Douglas Bishop
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 27 (Day) 1854 (Year)
8. AGE: Years 85+ Months Days 5 If less than one day hr. min.
9. Birthplace St Clair Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Richard Dunlap
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Allen
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Pugh Bishop
(b) Address Collins Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 23, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Rhamsple Cem.
18. (a) Signature of funeral director Joseph and Hunter
(b) Address Collins Mo.
19. (a) Dec 20, 39 (Date received local registrar) (b) Mrs. C. L. Landaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1939 hour 4 minute A.M.
21. I hereby certify that I attended the deceased from Sept 1 1939, to Sept 15 1939; that I last saw her alive on Sept 15 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Weakness of General system	10 days
Due to: Carcinoma of Sternum	
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature A J Buffington (M. D.) Address Hunterbrook Mo Date signed 12-20-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
1 X19511

RECEIVED
District Health Officer No. 7,
District File Number 1-40-98
Date Filed 1-9-40

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.