

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11187

State File No.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
1312 W. South Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits write "RURAL")
(d) Street No. 1312 W. South Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1859 years.

3. (a) PRINT FULL NAME Robert Adolph Bishop ²¹⁰

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Willis Bishop 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 30, 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Canton Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stationary Engineer

11. Industry or business Railway

12. Name Charles Albert Bishop

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Annie Selond

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Bishop
(b) Address 1312 W. S. Ave. Ind. Mo.

17. (a) Burial (b) Date thereof 3/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.

19. (a) March 23-40 (b) F. S. Cook ³⁶⁰
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 10:59 minute P. M.

21. I hereby certify that I attended the deceased from 3-15, 1940, to 3-21, 1940
that I last saw him alive on 3-21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Duration _____

Due to _____

Due to 107 W

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 J. M. Greene (M. D. or other) 1

Address Independence Mo Date signed 3/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
5
4

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.....
Raymond Martin....., Registered Apprentice No. *199*
working under my personal supervision.

Signed.....
Frank W. Dick.....

Licensed Embalmer No. *2467*

P. O. Address *Indef. mo.*

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.