

APR 23 1940
Registration District No. 441

Primary Registration District No. 4259

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina Mo.
(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 2
(Specify whether
In this community Entire life
years, months or days)

3. (a) PRINT FULL NAME Thomas Francis Bishop

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 20 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Edina Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Wilber Bishop

13. Birthplace Knox County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Helen Fahler

15. Birthplace Knox County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilber B. Bishop

(b) Address Edina Mo.

17. (a) burial (b) Date thereof Mar 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Josephs Care

18. (a) Signature of funeral director Paul S. Freigensmaier
(b) Address Edina Mo.

19. (a) Mar 12 1940 (b) Max C. M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox
(c) City or town Edina
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th -
year 1940 hour approx 3:30 minute _____ a.m.

21. I hereby certify that I attended the deceased from 4:30-5:30 a.m.
March 12, 1940, to _____, 19____;
that I last saw him alive on Dead on arrival, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation
accidental & mechanical
means

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 12, 1940

(c) Where did injury occur? Edina, Knox, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2015 Home
(Specify type of place)

(e) Means of injury Regurgitation
Food

23. Signature J. J. Breckenfeld (M.D. or other) D.D.
Address Edina, Mo. Date signed 3/22/40

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Rev. 5-17-30 1 x 1811

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.

RECEIVED

District Health Officer No. 10

District File Number 4-40-784

Date Filed APR 10 1940

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 Paul C. Krieghauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.