DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14578

MAY 15 1940

Registration District No. 163 — Primary Registration District No. 4095 — Registrar's No. 28

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Eldorado Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Myers Eldorado Springs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR

(c) City or town RURAL, R.F.D 5
(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 ETHEL H BISHOP 21C

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 M. J. Bishop

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feby (Month) - 3 (Day) - 1882 (Year)

8. AGE: Years 58 | Months 2 | Days 14 | If less than one day ___ hr. ___ min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Joseph Henderson
13. Birthplace Vir (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Burkholder
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant M. J. Bishop
(b) Address Eldorado Springs. mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lebeck. Mo

18. (a) Signature of funeral director Guinn Sisler
(b) Address Eldorado Springs. mo

19. (a) 4-18-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 17 day
year 1940 hour 4 PM minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1940 to April 17, 1940 that I last saw him alive on April 17 4 PM 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Failure	
Stenosis due to	
Carcinoma Uterus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Operated on 4-10-39 Carcinoma Uterus
Of autopsy Pathological Dec 39

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 L. T. Dungway (M. D. or other)
Address Eldorado Springs Mo Date signed 4/19/40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 5-40-296

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 O B Sicler

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs

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.