

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29513

Registration District No. 761

Primary Registration District No. 2014

Registrar's No. 29

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Rural - Morgan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 m East of Johnson City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12
(Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Rural Morgan
(If outside city or town limits, write "RURAL")
(d) Street No. Morgan Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME CORNELIUS BISHOP 210

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased SEPT. 30 - 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace: Osage County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name ALEXANDER BISHOP

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name JULIETA ROBERTSON

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

16. (a) Informant Mike Bishop

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Aug 25 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmony Cem

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) Aug 25 - 40 (b) Chas. Abney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1940 hour 5-7 minute 30 a M.

21. I hereby certify that I attended the deceased from July 1
1936, 19____, to Aug 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Tubercy

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) _____
(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?
Y

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature R. L. Hanson (M. D. or other) MD
Address Appleton City Mo Date signed 8-24-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1274

Date Filed 9-5-40

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.....

was not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, 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.