No. 2
4-13-40
5-17-39
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FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31030

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3593

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4207 Bell
(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 Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4207 Bell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Ann 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 single
6. (b) Name of husband or wife ------- 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April (Month) 13, (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	0	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation none 1
11. Industry or business 1
FATHER
12. Name John Bishop
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Martha Carson
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Stella Bishop
(b) Address 4207 Bell
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas
19. (a) Sept. 15, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1940 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from Sept. 8/40 ....., 19..., to Sept. 13/40, 19...; that I last saw her alive on Sept. 13/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Brights disease with hypostatic pneumonia
Due to Unknown
Due to
Other conditions (Include pregnancy within 3 months of death) 131
Major findings: Of operations none
Of autopsy none

Duration

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 1
23. Signature [illegible] M.D. (M. D. or other)
Address 803 Walnut Bldg. Date signed 9/14/40
K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

W. D. Stipe
1303 Waldheim Bldg.
1:30 - 5:30

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. D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 4148 State Line

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.