

OCT 12 1940

Registration District No. 163

Primary Registration District No. 5228

State File No.

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Box R.F.D. #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community None years, months or days

3. (a) PRINT FULL NAME CHARLES EDWARD BISHOP

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 B Bishop 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec 16 1866 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Edward E Bishop

12. Name Edward E Bishop

13. Birthplace Camden Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Margann Foster

15. Birthplace Camden Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Cora B. Bishop

(b) Address El Dorado Springs R.F.D. #3

17. (a) Burial (b) Date thereof Sept 19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Hill

18. (a) Signature of funeral director Walter K. Kunkin

(b) Address El Dorado Springs

19. (a) 9-18-1940 (b) W. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar
(c) City or town Rural Box (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed
Probable cause of death

Due to Coronary Thrombosis

Due to _____

Other conditions 9410 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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? 154

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

23. Signature W. Dawson (M. D. or other) Cor

Address El Dorado Springs, Mo. Date signed 9/17/40

RECEIVED
District Health Officer No. 7,
District File Number 10-40-1403
Date Filed 10-8-40

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed George W. Maher
Licensed Embalmer No. 2752

P. O. Address _____

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.