DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35869

Registration District No. 582 Primary Registration District No. 4344 Registrar's No. 38

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Paris (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: So. Pitts, St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 5 Yrs.

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

3. (a) PRINT FULL NAME Nannie Louise Bishop
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. Shelby Bishop
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept. (Month) 27, (Day) 1896 (Year)

8. AGE: Years 44 Months 1 Days 11 If less than one day ____ hr. ____ min.
9. Birthplace Monroe Co., (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation At Home 9
11. Industry or business 0
FATHER
12. Name Andrew M. King
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Sinclair
15. Birthplace Monroe Co., (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature J S Bishop
(b) Address Paris, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Holliday, Mo
18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Mo
19. (a) 11-9-40 (Date received local registrar) (b) F. A. Barnett, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th year 1940 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from Nov 8, 1940, to Nov 8, 1940, that I last saw her alive on Nov 8, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9412	
Major findings: Of operations	
Of autopsy	

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 Geo M. Keyes (M. D. or other) M.D.
Address Paris, Mo Date signed 11-9-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X19311

RECEIVED
District Health Officer No. 10
District File Number 11-40-2190
Date Filed NOV 18 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 W. B. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris, 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.