

No. 2
11-10-39
5-17-39
I X21492

JAN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42248

Registration District No. 221

Primary Registration District No. 5302/4134

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Otterville, Mo
(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 17 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Otterville
(If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sorothy Jean Bishop

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1940 hour 10 minutes 30 M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased July 18 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 25 1940 to Oct 2 1940
that I last saw her alive on Oct 1 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>2</u>	<u>14</u>	hr. _____ min.

Immediate cause of death Pulmonary T. B. Duration 4 yrs

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

10. Usual occupation School Attendance

Due to _____

Due to 27

Other conditions (include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Alonzo Bishop

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

14. Maiden name Mary E. Carter

15. Birthplace Washell Texas
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Alonzo Bishop

(b) Address Otterville, Mo.

17. (a) Burial (b) Date thereof 10-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director L. F. Parker

(b) Address Otterville, Mo.

19. (a) 10/4/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

While at work? 19A (Specify type of place) _____

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Otterville Mo Date signed 10/8/1940

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed ~~12-21-40~~

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.....

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

Signed *Lucius F. Parker*
Licensed Embalmer No. *3840*
P. O. Address *Itterwill, 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.