No. 2
1-13-40
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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4569

Registration District No. 837 Primary Registration District No. 4508 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield, 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 (Specify whether
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Bloomfield, Mo. 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THOS. J. BISHOFF
3. (b) If veteran, name war ---
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of ~~husband~~ or wife Lizetta Bishoff
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Dec. (Month) 13, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	--	23	hr. min.

9. Birthplace --- (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business
MOTHER FATHER
12. Name Joseph Bishoff
13. Birthplace Non known (City, town, or county) 9 (State or foreign country)
14. Maiden name Mary Ann Jackson
15. Birthplace --- (City, town, or county) 0 Mo. (State or foreign country)
16. (a) Informant Elmer Medcalf
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hollis Cemetery
18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.
19. (a) Jan 18, '41 (Date received local registrar) (b) Loonie Punch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th year 1941 hour 2:10 minute A. M.
21. I hereby certify that I attended the deceased from Oct. 20, 1940 to Jan. 6, 1941; that I last saw him alive on Dec. 27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Prostatitis chronic uraemia poisoning

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

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? 8 95 (Specify type of place)
While at work? (e) Means of injury
23. Signature John Wilson (M. D. ~~or other~~) 0
Address Bloomfield, Mo. Date signed 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 241-256
Date Filed 2/12/41

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 Ivan Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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, fact should be so stated above.