

Registration District No. 165

Primary Registration District No. 5231

Registrar's No. 11

1. PLACE OF DEATH:

(a) County CEDAR
(b) City or town LINN RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five months and eight days
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME WILLIE EUGENE BISHOP

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 MALE

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased August 31 1940
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
5 8 hr. min.9. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Finis Bishope
13. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eula Spidell
15. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Jim Bishop
(b) Address Stockton, Mo.17. (a) Burial (b) Date thereof 2-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Gum Springs, Mo.18. (a) Signature of funeral director J. C. Davis & Co(b) Address Stockton, Mo.19. (a) Jan 30 (b) Mrs Minnie Bartlett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1941 hour 11 minute 0 M.21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him alive on Feb. 8, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Starvation

Due to _____

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

935
While at work? (Specify type of place) (e) Means of injury _____23. Signature Wm B. Richter (M. D. or other) 0
Address Stockton, Mo. Date signed 2-11-41

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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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6624
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar
(b) Township Linn
(c) City

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Primary Registration District No. 2231

Registered No. 11

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Willie Hughes Bishop
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 5 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1941

22. I HEREBY CERTIFY, That I attended deceased from to, 19

I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Starvation due to lack of food
Date of onset 5 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm B Richter, M. D.

(Address) Stockton, Mo.

Local Registrar.

B Richter (M.D.) Stockton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is not important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

