

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7971**

Registration District No. **750**

Primary Registration District No. **598.5**

Registrar's No. **1736**

1. PLACE OF DEATH:

(a) County **Ripley**  
(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1. Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **45 yrs**  
(Specify whether years, months or days)  
In this community **45 yrs**

3. (a) PRINT FULL NAME

**Annal Bishop**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years (Month) (Day) (Year)

7. Birth date of deceased **May 20 1963**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **2** If less than one day hr. min.

9. Birthplace **Phillathie Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Alexander Frisby**  
13. Birthplace **unknown 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C.E. Cook**  
(b) Address **Doniphan MO R#1**  
17. (a) **Burial** (b) Date thereof **Feb 23 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Oak Grove Cent.**

18. (a) Signature of funeral director **Blackstone mortuary**  
(b) Address **Doniphan MO**

19. (a) **Feb 23 1941** (b) **C. H. Bishop**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ripley** 91  
(c) City or town **Rural** 0  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **22**  
year **1941** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **September 1937** to **February 22 1941**  
that I last saw her alive on **February 10 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of stomach primary**

Due to **21**

Due to **4.6**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature **Sampham** (M. D. or other) **0**  
Address **Doniphan Mo** Date signed **3/24/41**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 341726

Date Filed \_\_\_\_\_

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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, ~~only~~

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Lester D. Russell  
Licensed Embalmer No. 38537

P. O. Address Corning, Ark.

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.