

AUG 15 1948

Registration District No. 47

Primary Registration District No. 0211

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Everett Township
(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 _____
In this community 72 yrs 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(c) City or town Rural Everett Township
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charley Patton Bishop

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Bishop
6. (c) Age of husband or wife if alive 72 years 27 years
7. Birth date of deceased (Month) 4 (Day) 27 (Year) 1869

8. AGE: Years 72 Months 3 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Scott Co. Va. (City, town, or county) (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Wesley Bishop
18. Birthplace Scott Co Va (City, town, or county) (State or foreign country) 1
14. Maiden name Mary Sanderson
15. Birthplace Va. (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Mary Bishop
(b) Address Street MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sharon

18. (a) Signature of funeral director Atkinson Bros
(b) Address Atkins MO

19. (a) July 29-41 (Date received local registrar) (b) Mrs. Dora A. Aikin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 28th day July year 1941 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from June 1, 1941, to July 28, 1941; that I last saw him alive on July 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - Sudden Death July 28, 1944

Due to Hypertension

Due to _____
Other conditions Congestive Heart Failure 1 mo
(Include pregnancy within 4 months of death)

Major findings: Of operations _____
Of autopsy None

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? _____ (Specify type of place) (e) Means of injury _____
23. Signature Basil O. Harkwell (M. D. initials)
Address Hotel Mo Date signed 7/28/41

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: *Robert Atkinson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.