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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 3

Registration District No. 283

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28209

Primary Registration District No. 54024167

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED: 035
(a) State Missouri (b) County Dunklin
(c) City or town Cardwell Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 1 Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ABNER M. BISHOP

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife LIZZA RIDDLE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 (Month) 12 (Day) 1856 (Year)

8. AGE: Years 84 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name DK
13. Birthplace DK (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name POLLY FORHAN
15. Birthplace DK (City, town, or county) (State or foreign country) 9

16. (a) Informant Riley J. Bishop
(b) Address Cardwell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 12 (Day) 41 (Year)
(c) Place: burial or cremation Cockrum Cemetery

18. (a) Signature of funeral director Randal L. Mitchell
(b) Address Paragould Ark

19. (a) 8-28-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1941 hour 2 25 minute 8 M.

21. I hereby certify that I attended the deceased from Aug 9, 1941, to Aug 10, 1941;
that I last saw him alive on Aug 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death was Arterial Sclerosis, Duration ?

Due to his age, and Malarial Colitis

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

23. Signature Van H. Bond (M. D. or other)
Address Hornersville Mo Date signed 8-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 941-1184
Date Filed 9/2/41

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.....

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.