

JAN 13 1942

State File No. _____

Registration District No. 261

Primary Registration District No. 4330

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Ollie Scott Bishop

3. (b) If veteran, name war _____ 8. (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 D. W. Bishop 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 30 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 19 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Jasper Scott
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Melissina
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. F. Berkstresser

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 12-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (e) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 12-21-1941 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000 19
(c) City or town St. Louis
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1941 hour 3 PM minute _____ M.

21. I hereby certify that I attended the deceased from 6-20
1941 to 12-19 1941
that I last saw her alive on 12-19-22 PM 1941
and that death occurred on the date and hour stated above

Immediate cause of death apex infection and renal colic Duration
Fallure

Due to Carlinoma of Lung 6 months
shown by X Ray

Other conditions fluid in 2/24/41
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no H 7d
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. F. Berkstresser (M. D. or other) 20
Address Eldon Mo Date signed 12/21/41

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

66
1
1

RECEIVED
Miller County Health Dept.
County File Number. 41-118
Date Filed 1/4/42

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.....

..... Louis D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.