

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 106

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans' Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 6/3/40
(Specify whether
In this community Since 6/3/40
years, months or days)

3. (a) PRINT FULL NAME Clarence C. Bishop

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 5 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 4 7 - hr. - min.

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

10. Usual occupation Superintendent

11. Industry or business National Youth Administration

12. Name Samuel Joseph Bishop

13. Birthplace Union Co., Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ollie

15. Birthplace Union Co., Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schelling

(b) Address Clinical Clerk, VAF, Jeff. Brks., MO.

17. (a) BURIAL (b) Date thereof JAN 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmaster

(b) Address 7814 S. Broadway

19. (a) JAN 14 1942 (b) L. M. Cochran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 9967
(c) City or town Herrin
(If outside city or town limits, write "RURAL")
(d) Street No. (Liberty Hotel)
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1942 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from June 3
1940 to January 12 1942;

that I last saw him alive on January 12 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency; and Hemiparesis, right, depending upon cerebrovascular disease. Duration Unknown
Other conditions - (Include pregnancy within 3 months of death)
Major findings: - 93d
Of operations -
Of autopsy No autopsy
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 at work (Specify type of place) (Specify type of injury)

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed -

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

MOTHER FATHER

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

Edwin H. Leisinger

Licensed Embalmer No. *4049*

P. O. Address *6464 Chippewa*

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.