

FILED MAR 10 1942

Registration District No. 10

Primary Registration District No. 5231

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural-Linn Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
(Specify whether  
In this community XX  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20  
(c) City or town Rural-Linn Township 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. XX (If rural, give location) 10  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXXXXX

3. (a) PRINT FULL NAME Earl Melvin Bishop

3. (b) If veteran, name war XX 3. (c) Social Security No. 500-10-9156

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie Bishop 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased A pr. 8 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 10 15 XX hr. XX min.

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

10. Usual occupation Laborer

11. Industry or business XX

MOTHER, FATHER { 12. Name Columbus Bishop  
13. Birthplace XX Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Georgia Edge  
15. Birthplace XXX Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Rust  
(b) Address 804 E. 5th St. L. Mo.

17. (a) Burial (b) Date thereof 2-25-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gum Springs

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) 3-4-42 (b) Mrs. Myrtle Bright  
(Date received local registrar) (Registrar's signature)

1054 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24  
year 42 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from 2-24-  
42 19 to 2-24-42 19  
that I last saw him alive on Feb. 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature John Rust (M. D. or other) 20  
Address Stockton Mo. Date signed 2-24-42

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

RECEIVED

District Health Officer No. 71

District File Number 3-42-226

Date Filed 3-9-42

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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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Melvin Church*

Licensed Embalmer No. 3272

P. O. Address *Stockton*

**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.**