

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18787

FILED JUN 16 1942

State File No. 60

Registration District No. 71

Primary Registration District No. 5949

Registrar's No. 60

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town PUTNAM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Fainesville Mo R72
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME MARGARET MARIE BISHOP

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married. 1 divorced. M
6. (b) Name of husband or wife HENRY BISHOP 6. (c) Age of husband or wife if 80 years
7. Birth date of deceased March 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 10 If less than one day .hr. min.

9. Birthplace Hermany 4 (City, town, or county) (State or foreign country)

10. Usual occupation Home Work

11. Industry or business

12. Name unknown

13. Birthplace 4 Hermany (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 4 Hermany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Bishop

(b) Address Fainesville Mo

17. (a) Buried (b) Date thereof 5-31-42 (Month) (Day) (Year)

(c) Place: burial or cremation Central City Mo

18. (a) Signature of funeral director H. H. Hester

(b) Address Unionville Mo

19. (a) June 1-1942 (b) 60 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Fainesville Mo (If rural, give location)
(e) Citizen of foreign country? yes NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30 year 42 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from May 23, 1942 to May 30, 1942
that I last saw him alive on May 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature H. H. Hester (M. D. or other)

Address Unionville, Mo. Date signed 5/30/42

MAATM 1
JAN 1928

RECEIVED

District Health Officer No. 10

District File Number 6-42-1200

Date Filed JUN 1 1928

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

Murl E. Hurst

Licensed Embalmer No. 3304

P. O. Address Monroville, Mo

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.