

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24075

State File No.

Registration District No. 184

Primary Registration District No. 4110

Registrar's No.

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Ozark, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 12 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian Wright

(c) City or town Rural - Pleasant Valley 2d
(If outside city or town limits, write "RURAL")

(d) Street No. Mainfield, Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Ollie Bishop

3. (b) If veteran, name war _____

3. (c) Social Security No. 486-24-3828

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 23, day _____, year 1942 hour 12 minute 05 P.M.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Mrs. Margaret Bishop

6. (b) Name of husband or wife Mrs. Margaret Bishop

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 4, 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24, 1942, to July 23, 1942, that I last saw him alive on July 23, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>4</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Coronary thrombosis 14 mo

Due to myocardial degeneration

Due to _____

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

10. Usual occupation Farmer

11. Industry or business Farming

Other conditions Generalized edema 1 yr.
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name E. M. Bishop

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

14. Maiden name Sarah Hays

15. Birthplace Union County, Ga
(City, town, or county) (State or foreign country)

Major findings: Of operations 93d

Of autopsy _____

16. (a) Informant Mrs. Ollie (Margaret) Bishop

(b) Address Ozark, Mo

17. (a) Burial (b) Date thereof July 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANFIELD, MO

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? _____

18. (a) Signature of funeral director F. H. Staffe

(b) Address Mainfield, Mo

19. (a) July 25 Mrs. Nathan Stone
(Date received local registrar) (Registrar's signature)

23. Signature S. D. Rogers M.D. (M. D. or other)
Address Ozark, Mo Date signed 7-23-42

1279 (Licensed Embalmer's Statement on Reverse Side)

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

50
0/42

APR 30 1949

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 *F. A. Sliffe*
Licensed Embalmer No. 3221
P. O. Address *Myersfield Pa*

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.