V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
[illegible] 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27858

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville Rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Russie E. Bishop

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Granville Bishop 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased October (Month) 18, (Day) 1874 (Year)

8. AGE: Years 66 Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Clarksville, (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation House-wife

11. Industry or business .....

FATHER
12. Name Thomas Elgin
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Gertrude Kelley
15. Birthplace Wheeling, (City, town, or county) W./Virginia (State or foreign country)

16. (a) Informant Trudell McMackins
(b) Address Caruthersville, Mo. R. I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/42 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville, Mo.

19. (a) 8-4-1942 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd, year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from January, 1942, to Aug 3, 1942 that I last saw her alive on Aug 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Syncope	15 min
Due to Adams Stokes Syndrome	2 months
Due to Generalized Anasarca	5 months
Other conditions Avitaminosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 199
Of autopsy 99

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) 1
(b) Date of occurrence 078
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature A. F. Carr (M. D. or other)
Address Caruthersville Mo. Date signed 8/6/42

(Licensed Embalmer's Statement on Reverse Side)

1206

9-42-26

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.