

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28079

FILED SEP 1 1942

Registration District No. 3/3

Primary Registration District No. 6059

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Collins, (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair  
(c) City or town Collins, (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah King Bishop

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

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

6. (b) Name of husband or wife Robert Bishop 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 8 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mathew Francis

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

14. Maiden name Mary Allen

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

16. (a) Informant Mrs. Mary Lenoard

(b) Address Collins, Mo.

17. (a) Burial (b) Date thereof Aug. 9 -42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holsapple Cemetery

18. (a) Signature of funeral director Joseph & Hutsler

(b) Address Humansville, Mo.

19. (a) Aug 9, 1942 (b) Neta Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6  
year 1942 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 6  
1942 to Aug 6 1942  
that I last saw her alive on Aug 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia - acute

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 107

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature Dr. E. D. Brang (M.D. or other) D.O.  
Address Collins Mo. Date signed Aug 15, 1942

RECEIVED

District Health Officer No. 7,

District File Number 9-42-941

Date Filed 9-8-42

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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 Ralph A. Joseph  
Licensed Embalmer No. 3189  
P. O. Address Humansville

**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.**