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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

964

State File No.

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4741 Holmes Street, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson, 3
(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4741 Holmes Street,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miss Frances A. Bishop

3. (b) If veteran, name war no.

3. (c) Social Security No. No

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife no.

6. (c) Age of husband or wife if alive no. years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 75 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Librarian

FATHER
12. Name unknown
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Barnes,
(b) Address 4741 Holmes, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 3 1943 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1943 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec 19, 1942, to Jan 1st, 1943;
that I last saw her alive on Jan 1st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Lobar pneumonia

Due to Aortic Stenosis acute
Cardiac Decolation

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

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? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1220 Realty Bldg Date signed 1/2/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. C. Griffith
Rickets Bldg 1 30

CT 22 1943

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.