

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

634

FILED FEB 27 1943 / 49
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
109 West 36th Street 2nd Floor East /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 109 West 36th Street-2nd Floor east
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

3. (a) PRINTED FULL NAME Mrs. Ella Bishop

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Isaac Newton Bishop

6. (c) Age of husband or wife if alive 22 years (Month) (Day) (Year)

7. Birth date of deceased September 22 1861

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>4</u>	<u>14</u>	hr. min.

9. Birthplace Turner Station Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -

MOTHER FATHER

12. Name James Blankenship

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

14. Maiden name Sally Barber

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

16. (a) Informant Mr. James N. Bishop

(b) Address 109 West 36th Street - 2nd Floor

17. (a) Burial (b) Date thereof Feb. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Missouri

18. (a) Signature of funeral director D. W. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/7/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 1928
1928 to Feb 6 1943
that I last saw him alive on Jan 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Multiple Osteoarthritis 1928

Due to 55

Other conditions Low Myocarditis 1942
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings:
Of operations -----
Of autopsy -----
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?

While at work? (specify type of place) (e) Means of injury 0

23. Signature W. B. Walker (M. D. or other)
Address W. B. Walker Date signed 2/2/43

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

5617 Embroke Lane
1 block west of State Line

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 C. Hervey Dusenberry
Licensed Embalmer No. 4070
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.