

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13824**

Registrar's No. **120**

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED MAY 12 1943

Registration District No. **23**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:
 (a) County **Butler**
 (b) City or town **Poplar Bluff**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **20 minutes**
 (Specify whether
 In this community **lifetime**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Butler**
 (c) City or town **Poplar Bluff**
 (If outside city or town limits, write "RURAL.")
 (d) Street No. **108 Mickey**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Ronald Bishop**
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **12**
 year **1943** hour **10 P.M.** minute _____ M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **October 12, 1933**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5 P.M.** to **10 P.M.** that I last saw **him** alive on **10 P.M.** and that death occurred on the date and hour stated above.
 Immediate cause of death **Uremic Poison** Duration _____

8. AGE: Years Months Days If less than one day
9 **6** **0** hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **J.R. McDaniel**

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

Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation **Schoolboy**

11. Industry or business _____

MOTHER FATHER {
 12. Name **John Bishop**
 13. Birthplace **Arkansas**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mildred Porter**
 15. Birthplace **Poplar Bluff Missouri**
 (City, town, or county) (State or foreign country)

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? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant **Mrs. John Bishop**
 (b) Address **108 Mickey, Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **April 14, 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **Greer Croy Funeral Serv.**
 (b) Address **442 Vine St., Poplar Bluff, Mo.**

19. (a) **4-19-43** (b) **Belle R. Hume**
 (Date received local registrar) (Registrar's signature)

23. Signature **J.R. McDaniel** (M. D. or other) **1-5**
 Address **Poplar Bluff Mo.** Date signed **4-15**

72

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

4-15

RECEIVED

District Health Office No. 2,

District File Number 543-650

Date Filed 6-5-11-43

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.....

L. V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13821
Registrar's No. 120

Registration District No. 43 Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Bullett
(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paplar Bluff Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no time (Specify whether life years, months or days)

3. (a) PRINT FULL NAME Ronald Bishop

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 12 - 1933
(Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days _____ If less than one day _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Bullett
(c) City or town Paplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Mickey (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Chronic Poison
White Arsenic
Due to may have been associated with maternal
Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____

23. Signature J. P. M. Daniel (M. D. or other) _____
Address Paplar Bluff mo. Date signed _____

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

