

Registration District No. **149** Primary Registration District No. **1002**

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:  
**6324 Main Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Charlotte May 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. Charles Bishop** 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **March 9 1863**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **4** Days **5** If less than one day hr. min.

9. Birthplace **Loami Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel Kennedy**  
(b) Address **Butler, Mo.**

17. (a) **Burial** (b) Date thereof **July 16, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **P. H. Newcomer's Sons**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-15-43** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **6324 Main Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **-----** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14th**  
year **1943** hour **5** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **April 6**  
**1943** to **July 14** **1943**  
that I last saw him alive on **July 4** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure** Duration

Due to **Arteriosclerosis** **930**

Due to **High Blood Pressure**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none** PHYSICIAN

Of autopsy **none made**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **no**

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **-----**

(c) Where did injury occur? **none**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **not** (Specify type of place) (c) Means of injury **none**

23. Signature **J. H. Smith** (M.D. or other) **2**  
Address **6155 Oak** Date signed **July 14/43**

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

6155 Dale Street  
10-4

**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 *H. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address *H. C. Newcomer Jr*

**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.**