

3005

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 7 1943 274
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: Home 1505 S. Kentucky
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 1505 S. Kentucky
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME John C. Bishop

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced, Widowed

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

7. Birth date of deceased Aug 22 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>86</u>	<u>0</u>	<u>5</u>	hr. min.
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9. Birthplace Science Hill Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business S

MOTHER FATHER

12. Name Sinenus-Bishop

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

14. Maiden name Elizabeth Hendricks

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

16. (a) Informant's own signature Mrs. Golda C. Merrick

(b) Address 1505 S. Kentucky

17. (a) MCKEE Chapel Date thereof Aug 29 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MCKEE Chapel

18. (a) Signature of funeral director L. L. Beam

(b) Address Green Ridge Mo

19. (a) 8/28/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL-CERTIFICATION

20. DATE OF DEATH: Month Aug day 27th
year 1943 hour 11:45 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 14 1943 to Aug 27 1943
that I last saw him alive on Aug 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senile Changes

Due to _____

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

Major findings:
Of operations 93d

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. L. Beam (M. D. or other) MD

Address Sedalia Mo Date signed 8/28/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1931

RECEIVED
March 1 1943
FILED
MISSOURI
MISSOURI NO. 111
9-3-43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *L. L. Pearm*

Licensed Embalmer No. *1881*

P. O. Address..... *Green Ridge 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, above space should be left blank.