

FILED OCT 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31109

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 474

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Diamond
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 Miles South of Diamond
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Adena Lee Bishop

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar Bishop 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 22, 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 8 If less than one day
hr. min.

9. Birthplace Bell Font, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name J. H. Robinson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Alice Burlison
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Bishop
(b) Address Diamond, Mo.

17. (a) Burial (b) Date thereof 10-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond, Mo.

18. (a) Signature of funeral director J. H. Robinson

(b) Address

19. (a) 10-2-44 (b) Quintus D. Smith
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th.
year 1944, hour 7:20 A.M.

21. I hereby certify that I attended the deceased from June 1939
19..... to Sept. 30 1944
that I last saw her alive on Sept. 30 1944, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 week

Due to.....

Due to.....

Other conditions anemia few months
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) Manner of injury

23. Signature [Signature] (Physician or other)

Address Joplin, Mo. Date signed 10/2/44

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

44-10-819

296171NAN11
1945

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 John H. Martin
Licensed Embalmer No. 8200
P. O. Address Picher, Okla.

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.