

1958

FILED FEB 7 1945
Registration District No. 62

Primary Registration District No. 5239

State File No.

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Linn Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XXX (Specify whether years, months or days)
In this community: XXX

3. (a) PRINT COLUMBUS IRA BISHOP
FULL NAME

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 widowed
(b) Name of husband or wife Georgia Anna Bishop 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased August 11, 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 25 If less than one day XXXXXX min.

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

10. Usual occupation Farming

11. Industry or business XX

12. Name Jim Bishop

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

14. Maiden name Georgia Edge

15. Birthplace Cedar County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clifford Bishop

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 1-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Springs

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 2-5-45 (b) M. E. L. Church
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Linn Township-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1945 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 1 1944 to Jan. 6 1945
that I last saw him alive on Jan. 5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral regurgitation 2 yr.

Due to: 92%

Due to: Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 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: J. L. Perez (M.D. or other) Date signed 1-8-45

1-45-55
2-6-45

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.