

FILED JUL 14 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Wellsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hosp 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-16-44 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway
(c) City or town Wellsville 111
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 2
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mr. E. J. Bishop

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife B. A. Bishop

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

7. Birth date of deceased

Sept 19-1885

(Month) (Day) (Year)

8. AGE:

Years 09 Months 9 Days 10 If less than one day hr. _____ min. _____

9. Birthplace

Shamrock MO
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Edna Snow Boyd

13. Birthplace

MO (City, town, or county) (State or foreign country)

14. Maiden name

Primie Ritzgen

15. Birthplace

MO (City, town, or county) (State or foreign country)

16. (a) Informant

B. J. Bishop

(b) Address

Wellsville MO

17. (a) Burial

(b) Date thereof 7 1 1945
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Liberty Cemetery

18. (a) Signature of funeral director

Hughes Mansfield

(b) Address

Quailville MO

19. (a) 7-1-1945

(b) Joie Morant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29
year 1945 hour 11 minute 28 AM

21. I hereby certify that I attended the deceased from 6-16-45 to 6-29-45
that I last saw him alive on 6-29-45
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to _____
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)
(a) Means of injury 0
Signature R. E. Swannell (M. D. or other)
Address Wellsville MO Date signed 7/29/45

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

14
1
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-13-45

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 Hughes Manpin

Licensed Embalmer No. 2358

P. O. Address Anykase, 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.