

S. No. 2  
M-2-43  
5-17-39  
X 35097

State File No. \_\_\_\_\_  
Registrar's No. 5020

**FILED** JUL 15 1946  
Registration District No. 128

Primary Registration District No. 5465

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

18906

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Rural - Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Springfield R.F.D. # 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 37 years  
(Specify whether years, months or days)  
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield - Rural - Campbell Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Springfield R.F.D. # 4  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JULIA MAY BISHOP  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JUNE day 11th  
year 1946 hour 1:00 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 31 1946 to June 11 1946  
that I last saw her alive on June 4 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (e) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased: May 23, 1909  
(Month) (Day) (Year)

Immediate cause of death: Congestive Heart Failure Duration 6 hrs.  
Due to Rheumatic Heart Dis. 3 yrs.  
Due to Scarlet fever?

8. AGE: Years 37 Months 0 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: None

11. Industry or business: None

12. Name: O.R. Lindsey

13. Birthplace: Greene County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Minnie Gilkey

15. Birthplace: Otto, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant: Frank T. Bishop

(b) Address: R.F.D. #4, Springfield, Mo.

17. (a) RURAL (b) Date thereof: June 13, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood Cemetery

18. (a) Signature of funeral director: Fred C. Thoms

(b) Address: Springfield, Missouri

19. (a) 6-15-46 (b) S.P. Maddy  
(Date received local registrar) (Registrar's signature)

Other conditions: Asystole  
(Include pregnancy within 3 months of death)  
Hypertension  
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: S.P. Maddy (M. D. or other)  
Address: Springfield, Mo Date signed: 6/14/46

RECEIVED  
Greene County Health Office  
County File Number 46-7-832  
Date Filed 7-12-46

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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 Ralph Whiteman

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.

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