

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24214**

Registration District No. **182**

Primary Registration District No. **0679**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **NEW BOSTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **66 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **VINZEN 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 **Married**
6. (b) Name of husband or wife **Katie Bishop** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Nov 19 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **7** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Martin Bishop** 6
13. Birthplace **Chester, Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Johnanna Bishop**
15. Birthplace **Chester, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Lena Nowak**
(b) Address **New Boston, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 30, 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **New Boston, Mo.**

18. (a) Signature of funeral director **Person Funeral Home**

(b) Address **Bucklin, Mo.**

19. (a) **June 29, 1946** (Date received local registrar) (b) **Miss. Budie Kelley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Linn** 58
(c) City or town **New Boston** 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26**
year **1946** hour **6** minute **05** P.M.

I hereby certify that I attended the deceased from **Aug 19 1946** to **June 26 1946**
that I last saw him alive on **June 8 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **2 yrs**

Due to _____

Due to _____

Other conditions **Aneurysm** (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **H&K**

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.R. McCarty** (M. D. or other)
Address **Browning, Mo** Date signed **June 29 1946**

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

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AS 63

1761

MAY 10 1935

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..... *C. A. Larsson*
Licensed Embalmer No. *4037*
P. O. Address..... *Bucklin 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.