S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36280
State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 383

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether years, months or days)
In this community 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Cook
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Ida Columbia Bishop
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Rikey Bishop
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April (Month) 25 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	16	hr. min.

9. Birthplace Crump (City, town, or county) Cape Co Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name Frank Crump
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Rodia Hancosley
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant W R Bishop
(b) Address Chaffee Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Union Park Chaffee Mo
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo
19. (a) 11-16-1946 (Date received local registrar) (b) E. E. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1946 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from Oct 2 1946 to Nov 11 1946 that I last saw her alive on Nov 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio vascular disease	1 yr
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) no
(b) Date of occurrence ✓
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature [illegible] (M. D. or other) MD
Address Cape Girardeau Mo Date signed 11-11-46

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1146-2823

Date Filed 11-18-46

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 Mamie Bingham Huff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.