

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
15  
39  
0700

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40464**  
Registrar's No. **5362**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 hours**  
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4439 Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **EUGENE J. BISHOFF**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **none**

4. Sex **Ma** 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Freda R. Bishoff**  
6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **August 1 1883**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **20**  
If less than one day hr. min.

9. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Captain**

11. Industry or business **K.C. Fire Department**

12. Name **John Bishoff**

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

14. Maiden name **Louisa Wolfe**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Paul E. Bishoff**  
(b) Address **4438 Summit**

17. (a) **Burial** (b) Date thereof **12-23-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **J.M. Wagner**  
(b) Address **Kansas City, Mo.**

19. (a) **12-23-46** (b) **St. Thelma Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **21st**  
year **1946** hour **12:** minute **35** P.M.

21. I hereby certify that I attended the deceased from **Dec 20** to **Dec 21** 19**46**  
that I last saw him alive on **Dec 21** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute left anterior coronary embolus**

Due to **A**

Other conditions (Include pregnancy within 6 months of death) **gwa**

Major findings: Of operations **gwa**  
Of autopsy **gwa**

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature **William M. Keith** (M. D. or other) **MD**  
Address **Raymond City** Date signed **12/23/46**

Duration? **36 hrs**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Rec. 21 53 56

**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 Alvin R. Haenschield  
Licensed Embalmer No. 4159  
P. O. Address Kansas City

**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.**