

S. No. 2
7-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

924

State File No. _____

FILED FEB 5 1947

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lee Hospital (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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town High Point Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west - (California, Star Route 3)
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Crawford William Bishop

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Frances Bishop 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 27, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Amos Bishop
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ann Sharp
15. Birthplace Dallas County Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Amos Bishop
(b) Address New Franklin, Mo. R.F.D. #1

17. (a) Removal (b) Date thereof 1-22-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Boulin Funeral Home
(b) Address California, Mo.

19. (a) 1-23-1947 (b) Barthelmy Pennington
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1947 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 22, 1947
_____, 19____, to _____, 19____;
that I last saw him alive on Jan. 22, 1947, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostatism, chronic

Due to _____

Other conditions (Include pregnancy, within 3 months of death) _____

Major findings: Of operations none
Of autopsy none

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 0

23. Signature Wm J. Shaw (M. D. or other) M.D.
Address Lee Hosp. Fayette, Mo. Date signed 1-22-47

Duration ?
1 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-31-47

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 me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Boulton.....

Licensed Embalmer No. 2126.....

P. O. Address California.....

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.