V. S. No. 2
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ev. 5-17-39
Do I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 139

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8769

Primary Registration District No. 4208

Registrar's No.

1. PLACE OF DEATH:

(a) County: Harrison

(b) City or town: Cainsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: All life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Harrison

(c) City or town: Cainsville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Doss Bishop

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Wife Rose V. Bishop

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: January (Month) 9 (Day) 1871 (Year)

8. AGE: Years 76 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation: Retired Merchant

11. Industry or business: Drygoods Retail Merchant

MOTHER FATHER

12. Name: Lemial Bishop

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Ann Tarwater

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

16. (a) Informant: Rose V. Bishop

(b) Address: Cainsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 2, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Glaze Cemetery

18. (a) Signature of funeral director: E. J. Stoklasa

(b) Address: Cainsville, Mo.

19. (a) March 3-1947 (Date received local registrar) (b) J. Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month feb - day 26 year 1947 hour 2 PM minute 00 P.M.

21. I hereby certify that I attended the deceased from January 29, 1947, to February 26, 1947; that I last saw him alive on Feb - 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	5 minutes
Due to Chronic myocarditis and myocardial degeneration	5 years
Due to Hypertension	7 years
Other conditions (Include pregnancy within 3 months of death) edema + pulmonary congestion	

Major findings:
Of operation
Of autopsy

93D

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Alfred C. Taff (M. D. or other) D.O.

Address: Cainsville Mo Date signed 3-1-47

117

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ Eddie J. Stoklasa, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.