

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20077

State File No. _____

FILED JUL 9 1947

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw
(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 _____)

In this community Life _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw
(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 SARAH ANN BISHOP

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day 6 year 1947 hour 3:00 minute _____ P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased April 4 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10, 1947 to June 25, 1947 that I last saw her alive on June 25, 1947 and that death occurred on the day and hour stated above.

8. AGE: Years 83 Months 2 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death Hemorrhage of intestines Duration 2 days

Due to Leukopenia 1 yr

Due to _____

9. Birthplace Benton County Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name J. P. Ash

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

14. Maiden name Sarah Joby

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

16. (a) Informant John Bishop

(b) Address Warsaw, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Riverside

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? _____

18. (a) Signature of funeral director River Funeral Home

(b) Address Warsaw

19. (a) July 1, 1947 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature Emmally (M. D. or other) DO

Address Warsaw Mo Date signed 6/27/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 6-47-818
Date Filed 7-8-47

JUL 27 1949

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.....
Licensed Embalmer No. 4098
P. O. Address..... Warsaw

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.