S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

Bishop

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32010

Registration District No. 2 72 Primary Registration District No. 4403 Registrar's No. 114

**1. PLACE OF DEATH:**

(a) County Pemiscot
(b) City or town Steele
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 28 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot 78
(c) City or town Steele 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John R Bishop
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Bishop
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March (Month) 3 (Day) 1859 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 88 | 6 | 0 | hr. min. |

9. Birthplace Olive Hill (City, town, or county) Tenn (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name William Bishop
13. Birthplace Olive Hill (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Evelyn Alexander
15. Birthplace Olive Hill (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Mrs Howard DePriest
(b) Address Steele Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion
18. (a) Signature of funeral director [illegible]
(b) Address Steele Mo
19. (a) Oct 1-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 9114

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept 3 day
year 1947 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug 20 1947, to Sept 2 1947
that I last saw him alive on 2 of Sept 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Were Completely out

Due to Old Age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

Duration

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 0
23. Signature J R McDaniel (M. D. or other)
Address Steele Mo Date signed 9-8-47

(Licensed Embalmer's Statement on Reverse Side)

10-47-285

**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.....John H. Gurman.....

Licensed Embalmer No.....4355.....

P. O. Address.....Doyle, Mo. Box 424

**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.**