

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **8578**  
Registrar's No. **1051**

Registration District No. **149**

Primary Registration District No. **1002**

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

**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:  
722 Cypress  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Yrs (Specify whether years, months or days)

In this community 15 Yrs (Specify whether years, months or days)

**3: (a) PRINT FULL NAME** Eugene S. Bishop

3. (b) If veteran, name war World War No. 1

3. (c) Social Security No. 287-03-2708

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Grace Bishop

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

7. Birth date of deceased Feb. 17 1894 1893  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>55-54</u>	<u>0</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Sales Education Department Hoover Co.

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Richard Bishop

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

14. Maiden name Dora Platt

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

16. (a) Informant Mrs Georgia Collier

(b) Address 722 Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 3-8-48 (Date received local registrar)

(b) Doraldine Holmes (Registrar's signature)

**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. 722 Cypress  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Mar. day 6  
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1946  
to March 5, 1948;  
that I last saw him alive on March 5, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Terminal pneumonia (bronchial)

Due to Arteriosclerosis, general and hypertensive heart disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 9312

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Frank J. Danning (M. D. certifier)  
Address 1418 Professional Bldg. Date signed 3-6-48

Dr. Frank Keonig  
Prof. Bldg. 1-to 4-P.M.

1418

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**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 Dean Owens  
Licensed Embalmer No. 4280  
P. O. Address 918 Brooklyn  
K. C., 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.**