V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16653

Registration District No. 5-7 | Primary Registration District No. 3218 | Registrar's No. 119

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1034 Forest St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No
In this community: 83 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 1034 Forest St., 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Flora Ellen BISHOP
3. (b) If veteran, name war: None
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Dan Bishop
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 9, (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
93	0	4	hr. min.

9. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None
FATHER 12. Name: John Berry
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Catherine Wolf
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Miss Bessie Bishop
(b) Address: 1034 Forest St., Carthage,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fasken Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 5-15-1948 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, year 1948 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from May 13, 1948, to May 13, 1948; that I last saw her alive on May 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	few minutes
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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
Signature: Charles F. Schell (M. D. or other) M.D.
Address: 201 W. 3rd, Carthage, Mo. Date signed: May 14, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-5-389

FEB 9 1954

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 Charles H. Hutsler Jr. Registered Apprentice No. 24 working under my personal supervision. Charles H. Hutsler Jr.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.