

FILED JUL 23 1948

State File No. \_\_\_\_\_

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 43

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town St James  
(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 years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Phelps  
(c) City or town St James Mo  
(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 Henry B. Bishop  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 8  
year 1948 hour 12 minute 30 P.  
21. I hereby certify that I attended the deceased from Jan 1948  
19\_\_\_\_ to July 8 1948;

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Mary Bishop 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Jan 1866  
(Month) (Day) (Year)

that I last saw him alive on July 8 1948 and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of esophagus bmo.

8. AGE: Years 82 Months — Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 2/6 W  
Of autopsy \_\_\_\_\_

9. Birthplace miss co (City, town, or county) MO (State or foreign country)  
10. Usual occupation merchant

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name John Bishop  
13. Birthplace North Carolina (City, town, or county) (State or foreign country)  
14. Maiden name Stella Elrod  
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

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? 0

16. (a) Informant Sherman Bishop  
(b) Address St James Mo  
17. (a) Burial (b) Date thereof 7-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address St James Mo Date signed 7/19/48

(c) Place: burial or cremation Memmie Cems  
18. (a) Signature of funeral director Oral E. Licklider  
(b) Address St James Mo  
19. (a) 7-19-48 (Date received local registrar) [Signature] (Registrar's signature)

RECEIVED

Phelps County Health Officer;

County File Number

Date Filed

7/22/48

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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Orville E. Lickliedeker*

Licensed Embalmer No. *3546*

P. O. Address.....

*37 James*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.