No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40020

Registration District No. 149 | Primary Registration District No. 1602 | Registrar's No. 5375

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 4229 Windsor (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Carl S. Bishop
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M D
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Jennie M. Bishop
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: April (Month) 11 (Day) 1863 (Year)
8. AGE: Years 85 Months 8 Days 19 If less than one day hr. min.
9. Birthplace: Mass. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
MOTHER FATHER
12. Name: Wm. Bishop
13. Birthplace: New Hampshire (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mary E. Storm
(b) Address: 4229 Windsor
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 (Month) 3 (Day) 49 (Year)
(c) Place: burial or cremation: MT WASHINGTON
18. (a) Signature of funeral director: STINE & McCLURE
(b) Address: 3235 GILLHAM PLAZA K.C., MO.
19. (a) 12-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30 year 1948 hour 7 minute 35 P.M.
21. I hereby certify that I attended the deceased from Dec. 28, 1948, to Dec. 30, 1948; that I last saw him alive on Dec. 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute left ventricular failure	48 hrs.
Due to: Arteriosclerotic (Coronary) Heart Disease	13 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 A	
Of autopsy:	

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:
23. Signature: Jesse D. Rising (M. D. or other) MD
Address: 1103 Grand Ave. Date signed: 12-31-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kirkling
Univ. of Ks. St. Dept.
Sewage

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address 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.