

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 12 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 280

Primary Registration District No. 6-964

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Platt

(b) City or town Parkville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Res. on Barry Rd., Parkville, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 10 Years  
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte

(c) City or town Parkville  
(If outside city or town limits, write "RURAL")

(d) Street No. Barry Rd.  
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mr. Dennis Clyde Bishop

3. (b) If veteran, name war X

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18  
year 1948 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 16  
1948, to Dec. 17, 1948  
that I last saw him alive on December 17, 1948  
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Bessie J. Bishop

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: Sept. 15 1885  
(Month) (Day) (Year)

Immediate cause of death

Due to hypostatic pneumonia  
metastatic carcinoma  
Primary in  
Wancreas

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

8. AGE: Years Months Days If less than one day

<u>63</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____
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9. Birthplace Nebr.  
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Business

Major findings: Buboy of tumor  
Of operations at operation

Of autopsy H&E

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

12. Name Unknown

13. Birthplace Unknown  
(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 R. M. Scoular (Son - in - Law)

(b) Address Omaha, Nebr.

17. (a) Burial (b) Date thereof 12-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director STINE & McCLURE

(b) Address 3235 GILLHAM PLAZA K.C., MO.

19. (a) 12-18-48 (b) Opelia Rallinger  
(Date received local registrar) (Registrar's signature)

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

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

23. Signature J. Montgomery (M. or other) \_\_\_\_\_  
Address Professor Bldg Date signed 12/18/48

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

33  
8

**RECEIVED**

**District Health Officer No. 8,**

**District File Number** \_\_\_\_\_

**Date:** 1-11-49

APR 21 1953

APR 21 1953

W.H. Investigation  
Prog.  
503 28th Ave  
2:44 P.M.

**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 N. E. 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.**