

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41078

FILED DEC 31 1948

Registration District No. 280

Primary Registration District No. 6967

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural
(c) Name of hospital or institution: 7 Miles South of Rushville, Mo.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution None
In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

LAURA STOKER BISHOP

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex

Female

5. Color or race White

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

6. (b) Name of husband or wife

Newton B. Bishop

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased

Aug. 26, 1875
(Month) (Day) (Year)

8. AGE:

Years 73 Months 3 Days 16
If less than one day hr. min.

9. Birthplace

Bourbon Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name Thomas Stoker

13. Birthplace Bourbon Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stoker

15. Birthplace Bourbon Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant

Tom Bishop

(b) Address

Rushville, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof 12-14-48
(Month) (Day) (Year)

(c) Place: burial or cremation My Bethel, Rushville, Mo.

18. (a) Signature of funeral director

William Douglas

(b) Address Albany, Kansas

19. (a)

12-13-48

(Date received local registrar)

(b) Ophia Reelinger
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Rushville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1948 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 27, 1947, to Dec. 12, 1948,
that I last saw her alive on Dec. 12, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 28 hr

Due to Chronic Myocarditis years

Due to Coronary Arteriosclerosis yrs

Other conditions Seizure 93 D
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

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

23. Signature Wayne O. Wallace (M. D. or other) M.D.

Address 114 So. 7th, St. Louis Date signed 12-13-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-30-48

MAR 25 1957

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

Licensed Embalmer No.

P. O. Address

4320

Atchison, Kan.

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.