

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22946**
2896
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 2896	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Belton		1190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 310 Cedar			
3. NAME OF DECEASED (Type or Print) a. (First) SADA			b. (Middle) EMILY		c. (Last) BISHOP		4. DATE OF DEATH (Month) (Day) (Year) July 8, 1951
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-11-1882	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Towanda, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Nelson Robinson			13b. MOTHER'S MAIDEN NAME Mary Ellen McLaughlin		14. NAME OF HUSBAND OR WIFE E. S. Bishop		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lyman Bishop		ADDRESS Belton, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PYELONEPHRITIS, CHRONIC, BILATERAL							
ANTECEDENT CAUSES DUE TO (b) HEMIPLEGIA, LEFT							
DUE TO (c) CEREBRAL HEMORRHAGE, RIGHT							
II. OTHER SIGNIFICANT CONDITIONS MYOCARDITIS, CHRONIC							
INTERVAL BETWEEN ONSET AND DEATH 2 YRS.							
331 X							
4 YRS.							
3 Mo.							
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON, MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from JAN. 5, 1948 , to JULY 8, 1951 , that I last saw the deceased alive on July 8, 1951 , and that death occurred at 7:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Herbert A. Tracy, M.D. (Degree or title)				23b. ADDRESS BELTON, Mo.		23c. DATE SIGNED 7-9-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-11-1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Jackson Co., Mo.	
DATE REC'D BY LOCAL REG. 7-9-51		REGISTRAR'S SIGNATURE Geraldine Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons Belton, Mo.			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard E. George

Signed.....
Student Embalmer

Licensed Embalmer No. *3958*

P. O. Address *Boston, 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.