DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1789

FILED FEB 9 1943

Registration District No. 3-3 Primary Registration District No. 3010 Registrar's No. 14

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town RFD #1 CAPE GIRARDEAU MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS. In this community 46 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CAPE
(c) City or town CAPE GIRARDEAU MO (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3. (a) PRINT FULL NAME CLARENCE ALVIN BISHOP
3. (b) If veteran, name war NO
3. (c) Social Security No. 490-05-7813

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JESSIE J. BISHOP
6. (c) Age of ~~husband or~~ wife if alive 44 years
7. Birth date of deceased MAY (Month) 11 (Day) 1896 (Year)

8. AGE: Years 46 Months 8 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace ILL. (City, town, or county) (State or foreign country)
10. Usual occupation CEMENT WORKER
11. Industry or business MARQUETTE CEMENT CO

MOTHER FATHER
12. Name W. A. BISHOP
13. Birthplace KY. (City, town, or county) (State or foreign country)
14. Maiden name DORA ACKMAN
15. Birthplace NEELYS LANDING MO (City, town, or county) (State or foreign country)

16. (a) Informant Jessie J. Bishop
(b) Address Cape, Gir. Route #1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation HOBBS CHAPPEL
18. (a) Signature of funeral director M. Lorberg
(b) Address Cape Girardeau Mo.
19. (a) 1-16-43 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15 year 1943 hour 7:20 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1/8 1943 to 1/16 1943 that I last saw him alive on 1/14 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| (a) Meningitis Influenza | |
| Due to Influenza | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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 O. K. Lockwood (M. D. ~~or other~~)
Address Cape Girardeau, Mo. Date signed 1-16-43

1014 (Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 4

District File Number 243-1255

Date Filed 2-8-43

## 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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau 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.**