

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22129

State File No. _____

FILED JUL 14 1944

Registration District No. 247

Primary Registration District No. 43685940 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Newton Mo. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U.S. Army Base Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: _____ years, months or days)

3. (a) PRINT FULL NAME Mary Catharine Bischoff
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Joe Bischoff 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased June 20 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 24 hr. _____ min. _____

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Sebastian Hall

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Clara Reynolds

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Joe Bischoff

(b) Address Newton Mo.

17. (a) _____ (b) Date thereof June 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial St. Marys River City Mo.

18. (a) Signature of funeral director Joe Bischoff

(b) Address Newton Mo.

19. (a) June 16 1944 (b) John Norwood
Date received local registrar (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton 73
(c) City or town Newton Mo. 0
(If outside city or town limits, write "RURAL.")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 44 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from June 12 to June 12 1944
that I last saw him alive on June 12 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration 30 minutes

Due to _____

Due to _____

Other conditions g & a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. H. H. H. H. H. (M. D. or other) D.O.
Address Newton Mo. Date signed June 15 1944

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

300

1149

RECEIVED July 13
District Health Officer's
District File Number 744-143
Date Filed 7-13-44

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 me.
....., Registered Apprentice No.
working under my personal supervision.

Signed John J. Hume

Licensed Embalmer No. 1512

P. O. Address Peoria City, 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.