

NOV 20 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

35860

Do not use this space.

## 1. PLACE OF DEATH

(a) County Moniteau  
 (b) Township Stalder  
 or California  
 (c) City

Registration District No. 571Primary Registration District No. 4335Registered No. 69

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. California mo St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James L. Bishop</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-22-1961</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>26</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co. Mo.</u>	
	13. NAME <u>Hugh Garnell</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	15. MAIDEN NAME <u>Virginia De foe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co Mo</u>	
	17. INFORMANT (ADDRESS) <u>John Bishop</u> <u>California mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macon Cem</u> DATE <u>10/19/40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>William &amp; Friedman</u> <u>California mo</u>		
20. FILED <u>10-19-1940</u> <u>H.R. Popejoy</u> <u>56</u> Legal Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1940, to Oct 17 1940  
 I last saw him alive on Oct 16 1940 Death is said to have occurred on the date stated above, 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute intestinal obstruction  
(Probably, volvulus)  
Cause unknown  
1726  
 Other contributory causes of importance:  
Diabetes mellitus  
Chronic nephritis, Cause  
type unknown  
 Name of operation none Date of mo  
 What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) L. L. Latham M. D.  
 (Address) California mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS 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.....

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

Signed..... *H. E. Friedmeyer* .....

Licensed Embalmer No. *2854* .....

P. O. Address *California me* .....

**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, above space should be left blank.**