

FILED DEC 14 1942

Registration District No. _____

Primary Registration District No. 4082

Registrar's No. 142

17
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0

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bogard, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME JANE STAYNES BINGHAM

8. (b) If veteran name war _____

8. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 25 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER, FATHER { 12. Name JAMES STAYNES

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

14. Maiden name Mrs. QUARRY

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

16. (a) Informant Mart Bingham

(b) Address Bogard, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Plain Hill

18. (a) Signature of funeral director E. A. Dickinson

(b) Address Bogard, Mo.

19. (a) 11-21-42 (Date received local registrar) (b) Wm James Rafferty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Bogard
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1942 hour 1 minute 30 PM

21. I hereby certify that I attended the deceased from 11-6-1942 to 11-21-1942
that I last saw h e alive on 11-19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Hyperostotic

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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 William G. Alwood (M. D. or other) _____

Address Carrollton Date signed 12/21/42

Duration

1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-10-42

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 Earl Decker

Licensed Embalmer No. 2534

P. O. Address Boyd 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, above space should be left blank.