

FILED JUN 25 1948

Registration District No. 386

Primary Registration District No. 4082

Registrar's No. 5-

1. PLACE OF DEATH:

(a) County CARROLL  
 (b) City or town Boyard, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community ALL HIS LIFE years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Carroll 17  
 (c) City or town Boyard, Mo. 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? No. (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Justice Madison Bingham

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex MALE 5. Color or race White  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife PEARL Bingham  
 6. (c) Age of husband or wife if alive 3 years 1894

7. Birth date of deceased: DEC 3 1894  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 6 4 hr. 0 min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name Joseph Bingham 6

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

14. Maiden name Johnson 0

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

16. (a) Informant Miss Pearl Bingham  
 (b) Address Boyard Mo.

17. (a) BURIAL (b) Date thereof June 9-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia

18. (a) Signature of funeral director E. A. Dickerson  
 (b) Address Boyard, Mo.

19. (a) June 8-1948 (b) Emmie Street  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
 year 1947 hour \_\_\_\_\_ minute 8:30 A.M.

21. I hereby certify that I attended the deceased from June 6 1948 to June 7 1948  
 that I last saw him alive on June 6 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Leukemia  
 Duration 2 Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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 \_\_\_\_\_

23. Signature of \_\_\_\_\_ (City or town) (County) (State)

Address Carrollton, Mo Date signed June 8 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-24-48

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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 E. A. Dummeron

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, fact should be so stated above.