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Ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 12 1945

Registration District No. 30

Primary Registration District No. 4082

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bogard

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

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

(e) Citizen of foreign country? No (Yes or No) _____

If yes, name country _____

3. (a) PRINT FULL NAME Mattie May Bingham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Coroner Call to June 6th 1945; that I last saw h_____ alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.

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

7. Birth date of deceased: Feb 22 1879
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Duration _____

8. AGE: Years Months Days If less than one day

66 3 14 _____ hr. _____ min.

Due to Arteriosclerosis 3-5-25

Due to _____

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

10. Usual occupation House Keeper

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Bingham

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

14. Maiden name Starnes

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant M. E. Bingham

(b) Address Bogard Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 7 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill cem.

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

(b) Address Bogard Mo

19. (a) 6-7-45 (Date received local registrar) (b) Mrs. James Rafferty (Registrar's signature)

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 Charles Rutt (M. D. or other) Coroner

Address Carrollton, Mo Date signed 6/6/1945

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7/11/45

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. G. Decker

Licensed Embalmer No. 2534

P. O. Address Bogard 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.