

**FILED AUG 25 1941**

Registration District No. 135

Primary Registration District No. 5193

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

1. PLACE OF DEATH

(a) County "Carroll  
(b) City or town "Wakarusa  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_ (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME

Edward Bing

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown

8. AGE: Years 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Davis Co. Iowa

10. Usual occupation Painter

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

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace Unknown \_\_\_\_\_  
14. Maiden name \_\_\_\_\_  
15. Birthplace Unknown \_\_\_\_\_

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) Bloomfield (b) Date thereof 8-41  
(c) Place: burial or cremation Bloomfield, Iowa

18. (a) Signature of funeral director Stanley  
(b) Address Carrollton, Mo

19. (a) 8-5-41 (b) Paul Haskins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 13  
(c) City or town \_\_\_\_\_  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5<sup>th</sup> year 1941 hour 3:00 pm

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured neck

Due to Falling from Habash Rail Road trestle 2 1/2 miles east of Habash Station at Carrollton

Major findings: Of operations \_\_\_\_\_  
Of autopsy 16A 137

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Aug. 5 1941

(c) Where did injury occur? Carrollton, Carroll, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Habash trestle, 2 1/2 miles east of Carrollton, Mo.  
While at work? No

23. Signature E. L. Smith - Coroner  
Address Tama, Mo. Date Aug. 5, 1941

AUG 22 1944

SEP 8 1944

---

---

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

*Ben W. Gibson*

Licensed Embalmer No.

*2961*

P. O. Address

*Carrollton 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.