

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 35 Days
(Specify whether
In this community 5 Years
years, months or days)

3. (a) PRINT FULL NAME Alex Richard Binderim
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Yard Man

11. Industry or business Eagle Picher Smelter

12. Name Charles W. Binderim

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

14. Maiden name Mandy Lane

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

16. (a) Informant Mrs. Jim Myers
(b) Address Galena, Kansas

17. (a) Burial (b) Date thereof Mar. 10, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowell, Kansas

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

19. (a) 3-10-41 (b) Ed D James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 Wisconsin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7th
year 1941 hour 8:29 minute AM M.

21. I hereby certify that I attended the deceased from Feb. 1, 1941 to Mar. 7, 1941
that I last saw him alive on Mar. 6, 1941, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mycardial Failure Duration 2 Days

Due to Necrosis of right lung (middle and lower lobe) ?

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) Auto Accident
(b) Date of occurrence Feb. 1, 1941 12.2
(c) Where did injury occur? Joplin Jasper Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place; in public place?
Public place--Street intersection
While at work? No (Specify type of place) Struck by
Means of injury Auto
23. Signature [Signature] (M. D. or other) [Signature]
Address Joplin Mo Date signed _____

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

MOTHER FATHER

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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.