

S. No. 2
-11-10-39
5-17-39
PI 22142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11713

State File No. _____

FILED APR 14 1943
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 21.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Metz
(If outside city or town limits, write "RURAL")
(d) Street No. Rural -
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Johnnie Bingle
Johnnie Bingle

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-20-086

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased February 22 - 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 10 13 hr. min.

9. Birthplace Mo. Donald County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business _____

12. Name Nicholas J. Bingle

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

14. Maiden name Delta Chee

15. Birthplace Vernon Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant N. J. Bingle

(b) Address Metz, Mo.

17. (a) Funeral (b) Date thereof 3-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balltown Cemetery

18. (a) Signature of funeral director Allen V. Hays

(b) Address Nevada Mo.

19. (a) 3-8-43 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5th
year 1943 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from Mar 4 1943 to Mar 5 1943
that I last saw him alive on Mar 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture & crushed lower jaw. Duration 1 day.

Due to Automobile wreck

Due to _____
Other conditions Lacerations on head and chin.

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mar 4th 1943

(c) Where did injury occur Near Nevada-Vernon-Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On highway 71. 108

While at work? no (Specify type of place) auto. collision
(By means of injury)

23. Signature W. Above (M.D. or N.D.)

Address Nevada Mo. Date signed 3/1/43

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

3-13-43

JUN 18 1943

RECEIVED

District Health Officer No. 7,

District File Number 3-43-27

Date Filed 4-6-43

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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Windsor, 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.