

Registration District No. 256Primary Registration District No. 4388

1. PLACE OF DEATH:

(a) County Osage
 (b) City or town Chamois mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

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

In this community.....
years, months or days) 15 Mo3. (a) PRINT FULL NAME Ella Mae Binggeli

3. (b) If veteran, name war..... 3. (c) Social Security No. A

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept 12 1943
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>15</u> hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Fred Binggeli
 13. Birthplace Stedman mo 0
 (City, town, or county) (State or foreign country)

14. Maiden name Nata Duncan
 15. Birthplace Goswade Co. mo Rural 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Binggeli
 (b) Address Chamois mo

17. (a)..... (b) Date thereof Sept 18/1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stedman mo18. (a) Signature of funeral director Otto T. Stocksich(b) Address Chamois mo

19. (a) Sept 15 1943 (b) Esther Sander
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 071
 (c) City or town Chamois
 (If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
 year 1943 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1 Sept 12
1943, to 19 1943;

that I last saw her alive on Sept 12, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Patient Examine over Duration

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 W. Y. McInally (M. D. or other)Address Chamois Date signed 9-13-43

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.....

Otto T. Stockasick

Licensed Embalmer No. *1902*

P. O. Address.....

Chamois, 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.