

FILED MAR 23 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10750

State File No. _____

Registration District No. 80

Primary Registration District No. 4142

Registrar's No. 5

1. PLACE OF DEATH

(a) County Cole
(b) City or town Russellville (If outside city or town limits, write "RURAL" and name of township) Monroe
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ELIZABETH BINKLEY

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

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

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

7. Birth date of deceased Feb 23 1846
(Month) (Day) (Year)

8. AGE: Years 97 Months 11 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Jakke Hanftler

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

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. H. Vanoy
(b) Address Russellville, Mo.

17. (a) Burial (b) Date thereof 2-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENLDE, CEM.

18. (a) Signature of funeral director [Signature]
(b) Address Russellville, Mo.

19. (a) Feb. 23-44 (b) Mrs. C. W. Plummer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 10, 1943 to Feb 22, 1944 that I last saw her alive on Feb 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza with Emphysema

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations _____
Of autopsy _____

Duration

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 Walter L. Leche (M. D. or other) _____
Address Russellville Mo Date signed Feb 23-44

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

26
00

431

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number: _____

Date Filed 3-21-44

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. M. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russellville, 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.