S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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35056

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 287

Primary Registration District No. 5-979-4425

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Morrisville
(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)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town "Rural" Morrisville Twp. 1
(If outside city or town limits, write "RURAL")

(d) Street No. Near Morrisville 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary L. Bingham

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife C.W. Bingham

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. (Month) 25 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	9	8	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Elisha J. White
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Mary L. Norman
15. Birthplace (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant C. W. Bingham
(b) Address Morrisville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Brighton Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin & Co.
(b) Address Bolivar, Mo.

19. (a) Nov-6-1944 (Date received local registrar) (b) Hillard Dickinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd year 1944 hour Two minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1944, to Oct 27, 1944; that I last saw her alive on Oct 27, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Possibly a stroke of apoplexy as she had one or two before.

Due to Gangrene of hand & fore arm

Due to

Other conditions 83A
(Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. H. Barber MD (M. D. or other)

Address Walnut Grove Mo Date signed Nov 3-44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3053

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.