

No. 2
4-5-43
5-17-39
I X36671

FILED OCT 8 1946
149

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 9-20-46
(Specify whether years, months or days)

In this community as above

3. (a) PRINT FULL NAME Frank W. Bink

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sadie B Bink

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 12 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>12</u>	hr. / min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Peter Bink

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

14. Maiden name Emma Easterbrook

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

16. (a) Informant G. L. Bink

(b) Address Holden, Missouri

17. (a) removal (b) Date thereof 9-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 51

(c) City or town Holden
(If outside city or town limits, write "RURAL")

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

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24
year 1946 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from 9-20
20 1946 to 9-24 1946

that I last saw h. alive on 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus.

Due to injury of fingers

Due to from feed grinder in barn yard.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12

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) Accident 50

(b) Date of occurrence 9-46

(c) Where did injury occur? Holden mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? yes (Specify type of place) (e) Means of injury feed grinder

23. Signature L. J. J. J. (M. D. or other) 209

Address 811 Chamberlain Bldg. Date signed 9-25-46

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

MOTHER FATHER

Dr. Graham
Lake Side Hospital A.M.

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 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.