

FILED JUL 23 1947
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 218

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution:
So. Ea. Mo. Hosp.
(If not in hospital or institution, write street number or location)

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

In this community 7 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME EARLIE F. BYNUN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W

6. (a) Single, widowed, divorced
DIVORCED

6. (b) Name of husband or wife _____

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

7. Birth date of deceased MARCH 16th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 3 23 _____ hr. _____ min.

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

10. Usual occupation BARBER

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS L. BYNUN

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

14. Maiden name ELMYRA GOZA

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

16. (a) Informant LINUS EVANS

(b) Address 549 So. MIDDLE ST. CITY

17. (a) BURIAL (b) Date thereof 7/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MORLEY CEMETERY

18. (a) Signature of funeral director James R. Gady

(b) Address CAPE GIRARDEAU, MO.

19. (a) 7-12-1947 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1947 hour 4:27 minute P. M.

21. I hereby certify that I attended the deceased from June 11, 1947
3, 1947, to July 9, 1947;
that I last saw him alive on July 9, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage 7 days

Due to Cardiovascular Renal Syndrome. 1 yr.

Other conditions Amputation left thigh 1 mo.
(Include pregnancy within 3 months of death)

Major findings: Gangrene left leg

Of operations _____

Of autopsy not done

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 fall

23. Signature Frank Hall, M.D. (M.D. or other)

Address Cape Girardeau, Mo Date signed 7-12-47

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

RECEIVED

Health Officer No. 4
File Number 247-958
Date Filed 2-22-47

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 James Richard Cady
Licensed Embalmer No. 43094
P. O. Address CAPE GIRARDEAU, 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.