

National Office of Vital Statistics
FILED NOV 10 1947

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes
(Specify whether in this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 509 So. 9th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles Ernest Binkley

3. (b) If veteran, name war none

3. (c) Social Security No. 505-20-3673

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gladys Binkley

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased August 14 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>2</u>	<u>19</u>	hr. min.

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

10. Usual occupation Tavern Operator
Tavern

11. Industry or business Charles S. Binkley

12. Name Charles S. Binkley

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

14. Maiden name Hanna Jones

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

16. (a) Informant Gladys Binkley

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 11/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Neaton Bowman

(b) Address St. Joseph, Mo.

19. (a) 11-7-47 (b) W. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1947 hour 5 minute viewed P.M.

21. I hereby certify that I attended the deceased from Nov 3d 47 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)

23. Signature B. D. Tadlock Coroner
KING HILL BLDG (M. D. number) 3
Address St. Joseph, Mo. Date signed 11/4/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....
Francis Joseph Weyland Jr......, Registered Apprentice No. *444*
working under my personal supervision.

Signed.....

Frank A. Berman
Licensed Embalmer No. *1710*

P. O. Address *St. George, Md.*

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.