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3-43
7-39
K37823

FILED JUN 16 1948

Registration District No. 378

Primary Registration District No. 6286

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartsville Rural Wood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 Miles East of Hartsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 114
(c) City or town Hartsville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles east of Hartsville
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ISAAC BINKLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Alth Binkley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 4 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Binkley

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Rennie Norton

(b) Address Hartsville Mo.

17. (a) Burial (b) Date thereof 5 8 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cem.

18. (a) Signature of funeral director Gene E. Holdren

(b) Address Hartsville, Mo.

19. (a) 6-4-48 (b) A. B. Ames
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5
year 48 hour 11:00 minute 20 P.M.
21. I hereby certify that I attended the deceased from 4-20-48
19____ to 5-5-48 1948
that I last saw him alive on 5-5-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis years _____
Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) Means of injury 2

23. Signature W. H. Gentry D.O. (M.D. or other) _____

Address Hartsville, Mo. Date signed 5-7-48

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

RECEIVED

District Health Officer No. 6,

District File Number 648-668

Date Filed JUN 15 1940

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Fairville, 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.