

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28557

State File No. _____

FILED SEP 3 1948
Registration District No. 524

Primary Registration District No. 6082

Registrar's No. 173-

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Napton, Mo. Route # I.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Arrow Rock Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 13 weeks
years, months or days

3: (a) PRINT FULL NAME Lena H. Bingham

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-32-8393

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Rolla S. Bingham

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

7. Birth date of deceased February 4th, 1882.
(Month) (Day) (Year)

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

66 6 10 hr. min.

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business _____

12. Name James H. Eastham

13. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Virena King

15. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Thomas

(b) Address Napton, Mo. Route # I.

17. (a) Burial (b) Date thereof Aug. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director Charles Lewis

(b) Address Marshall, Mo.

19. (a) Aug. 16, 1948 (b) Shirley J Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Napton, Route # I.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1948 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from June 14, 1948, to Aug 11, 1948, that I last saw her alive on Aug 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no.

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)

(c) Means of injury _____

23. Signature C. L. Law (M. D. checked)

Address Marshall Mo. Date signed 8-16-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-1-48

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, ~~only~~ _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed James H. Penni
Licensed Embalmer No. 1171
P. O. Address Marshall, 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.