

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18724

Do not use this space.

1. PLACE OF DEATH *Harrison*
 (a) County *Harrison* Registration District No. *335*
 (b) Township *Blythedale* Primary Registration District No. *4198*
 (c) City *Blythedale* or (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Robert E. Binder*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary E. Deskins*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 7, 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
68 10 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Stock & grain*
 10. Date deceased last worked at this occupation (month and year) *Jan 1939* 11. Total time (years) spent in this occupation *50*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Blythedale Mo*

FATHER
 13. NAME *Charles*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk Mo*

MOTHER
 15. MAIDEN NAME *Mary Thain*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Eagleville Mo*

17. INFORMANT (ADDRESS) *Mary E. Binder Blythedale Mo*

18. BURIAL, CREMATION OR REMOVAL PLACE *Blythedale* DATE *3/17 39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Robeyson Ragan Blythedale Mo*

20. FILED *June 3 1939* *Mo* *William E. Bould* Local Registrar. *4115*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10 1939*

22. I HEREBY CERTIFY, That I attended deceased from *MARCH 5th 1939* to *MARCH 10th 1939*
 I last saw him alive on *MARCH 18 1939*. Death is said to have occurred on the date stated above, at *8:30 pm*
 The principal cause of death and related causes of importance were as follows:
LOBAR Pneumonia
Secondary to
Influenza - 121

Date of onset _____

Other contributory causes of importance:
Advanced Cardio-vascular-Renal disease.

Name of operation *None* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No.*
 If so, specify _____
 (Signed) *C. W. McCartney, D.O.*
 (Address) *Eagleville - Mo.*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16605

1939
State of
Date Filed **JUN 6** **1939**
B-9-621

Albert
T. D. H.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.