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.

X14023

REC'D JUL 13 1939

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

21492
Do not use this space.

1. PLACE OF DEATH
(a) County Bolinger | Registration District No. 67
(b) Township Liberty | Primary Registration District No. 5104
Registered No. 13
(c) City ... (d) Street No. ... St.
(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. 3 mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 524 CHARLEY BINKLEY
(a) Residence, No. near Laplin St. ☐ Bolinger Co. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Husband of May Binkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 11 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72.	2.	30.	

OCCUPATION
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.: Farm
10. Date deceased last worked at this occupation (month and year): May 1936
11. Total time (years) spent in this occupation: Life time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Penn.

FATHER
13. NAME: Henry Binkley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Gracie Weldon,

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE Barks Chapple, DATE June, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rev. Collyns. Whitewater Mo

20. FILED 7-10, 1939 Mrs. H. A. Ellers, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 10 - 1939 to June 1 - 1939
I last saw h[illegible] alive on May 15 - 1939 Death is said to have occurred on the date stated above, at 12:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and Tricuspid Regurgitation	
Chronic Interstitial Nephritis.	
Dropsy.	

Other contributory causes of importance: Unknown

Name of operation No. Operation Date of ...
What test confirmed diagnosis? Phy Exam. Was there an autopsy? No
Primary ves

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. M. Binkley, M. D.
(Address) Laplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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.