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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35362
OCT 28 1940
State File No. 884

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 884

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 817 Garfield
(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 About 50 yrs.
years, months or days)

3. (a) PRINT FULL NAME Josephine S. Bingham

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter A. Bingham 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 10, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 17 If less than one day
hr. min.

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

10. Usual occupation House-wife

11. Industry or business

12. Name John J. Johansson

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

14. Maiden name Unknown

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

16. (a) Informant Peter A. Bingham

(b) Address 817 Garfield Springfield, Mo

17. (a) Burial (b) Date thereof 10-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Wood (Cem)

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield

19. (a) 10-29-40 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 817 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1940 hour 9:30 P. minute 0 P. M.

21. I hereby certify that I attended the deceased from 1-29-40
1940, to 10/31/1940
that I last saw her alive on 10/31/1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial Asthma
Chronic myocarditis

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? ADU

(Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature A. E. Sellen (M. D. or other) _____

Address Springfield Mo Date signed 10/28/40

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

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. *2910*

P. O. Address *679 W. Walnut*

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.

X