

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2821
State File No. _____

Registration District No. 291

Primary Registration District No. 4230 5546

Registrar's No. 6

17
0
0

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

1. PLACE OF DEATH:

(a) County IRON *Orion*

(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County IRON *47*

(c) City or town "Rural"
(If outside city or town limits, write "RURAL") *0*

(d) Street No. _____ (If rural, give location) *0*

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FRED THEODORA BINDER

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1941 hour 8:00 minute _____ A. M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FRANCIS BINDER

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

7. Birth date of deceased DECEMBER 27 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 3, 1940 to January 20, 1941; that I last saw him alive on January 20, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 1 Days 23 If less than one day hr. _____ min. _____

Immediate cause of death pneumonia, lobar

Due to _____

Due to _____ *12/18*

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

10. Usual occupation TRUCK GARDENING

11. Industry or business _____

Other conditions chr. nephritis, chr. prostatitis, hypertention, chr.

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name BINDER

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

14. Maiden name TERESA

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant CHAS. FRED NEY

(b) Address ARCADIA Mo.

17. (a) BURIAL (b) Date thereof 1-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cove Cemetery

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? _____

18. (a) Signature of funeral director Geo. P. Luchel

(b) Address Quincy Mo.

19. (a) Jan-22-41 (b) Julia A. Huntar
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M. D.

Address Ironton, Mo. Date signed 1-21-41

31-15-2
MAK IN
RECORDED

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.....

1/20/41

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo. P. Luebel

Licensed Embalmer No.....

3475

P. O. Address.....

Isenton 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2821

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 291

Primary Registration District No. 5346B

Registrar's No.

1. PLACE OF DEATH:

(a) County. Iron
(b) City or town. Arcadia, P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME. Fred Theadora Binder

MEDICAL CERTIFICATION

3. (b) If veteran, name war. 3. (c) Social Security No.

20. DATE OF DEATH. Month Jan day 20 year 1944 hour minute M.

4. Sex. m 5. Color or race. w 6. (a) Single, widowed, married, divorced. wid
6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. years
7. Birth date of deceased. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death.

8. AGE: Years 65 Months 23 Days If less than one day min.

Due to. Due to. Other conditions. (Include pregnancy within 3 months of death)

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

10. Usual occupation.

11. Industry or business.

12. Name.

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

14. Maiden name.

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

16. (a) Informant.

(b) Address.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) Jan-22-41 (b) Julia A. Kuntz (Date received local registrar) (Registrar's signature)

Major findings: Of operations. Of autopsy.

Duration

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) (e) Means of injury.

23. Signature. Geo. Gay (M. D. or other)

Address. Ironton, Mo. Date signed.

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

SUPPLEMENTARY

