

FILED DEC 9 1941

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Cass  
(b) City or town: Harrisonville Turn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cass 19  
(c) City or town: Harrisonville  
(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: JAMES HENRY BINGAMAN

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

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

(b) Name of husband or wife: Mary Francis Bingaman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb 25 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Retired - (Pensioner)

11. Industry or business

MOTHER FATHER { 12. Name: Issac Bingaman II  
13. Birthplace: Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name: Sarah Jane Harris  
15. Birthplace: Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mable E. Singleton

(b) Address: 801. Penn R. C. The

17. (a) Burial (b) Date thereof: Nov 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Burford Cemetery

18. (a) Signature of funeral director: BUNNENBURGER'S

(b) Address: HARRISONVILLE, MO.

19. (a) 11/17/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
year 1941 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 27, 1940, to Nov 16, 1941;  
that I last saw him alive on Nov 16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: 92b  
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: [Signature] (M. D. or other) 1  
Address: Harrisonville, Mo. Date signed: 11-17-41

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

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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 Ernest Remmenbayer

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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, above space should be left blank.**