

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

FILED DEC 8 1941
Registration District No. 194

Primary Registration District No. 3011

State File No. _____
Registrar's No. 164

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs

(c) Name of hospital or institution: Old Folks Home

(d) Length of stay: In hospital or institution 4 months

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray

(c) City or town Richmond

(d) Street No. _____

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles S. Binkley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 1, year 1941

21. I hereby certify that I attended the deceased from Oct. 26, 1941 to Nov. 1, 1941

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Oct, 14, 1856

that I last saw him alive on Oct. 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

8. AGE: Years 85 Months - Days 18

Due to Coronary Sclerosis

Due to Arterial Sclerosis

9. Birthplace Canton Ohio

10. Usual occupation Farming

Other conditions only age

Major findings: Of operations none performed

11. Industry or business _____

12. Name William Binkley

13. Birthplace Canton Ohio

14. Maiden name Unknown

15. Birthplace Unknown

Of autopsy none made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

16. (a) Informant Earnest Binkley

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof Nov. 3. 1941

(c) Place: burial or cremation Richmond Mo.

(Specify type of place) _____

(e) Means of injury _____

23. Signature John F. Trace

Address Excelsior Springs Date signed Nov. 2-4

18. (a) Signature of funeral director Richmond

(b) Address _____

19. (a) 11-3-41 (b) Mrs. Rea D. Cracken

(M. D. or other) M.D.

Address _____ Date signed Nov. 2-4

RECEIVED

Health Officer No. 8,

File Number

dated 12-5-41

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, ~~###~~ by ~~###~~

....., Registered Apprentice No.
working under my personal supervision.

Signed *E. Sherman*

Licensed Embalmer No. 2073

P. O. Address. Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.