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

**1. PLACE OF DEATH:**  
 (a) County. Franklin  
 (b) City or town. Bourbon, Rural, Bourbon  
(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. 53 Years.  
years, months or days

**3. (a) PRINT FULL NAME** HENRY J. BINDNER  
 3. (b) If veteran, name war. None  
 3. (c) Social Security No. None

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife ena Bindner  
 6. (c) Age of husband or wife if alive. 78 years  
 7. Birth date of deceased December 7, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation. Farming

11. Industry or business. Farm

**MOTHER FATHER**  
 12. Name. Peter Bindner  
 13. Birthplace. Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name. Wissard  
 15. Birthplace. Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant. George Bindner  
 (b) Address. Bourbon, Missouri.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof. Aug 30, 1942  
(Month) (Day) (Year)  
 (c) Place: burial or cremation. Japan, Missouri.

18. (a) Signature of funeral director. Clyde W. Adams  
 (b) Address. Bourbon, Missouri.

19. (a) 9/10/42 (b) D. Adams  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State. Missouri (b) County. Franklin  
 (c) City or town. Bourbon, Rural  
(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.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month August day 27  
 year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis  
 Due to Senility  
 Other conditions: 9/30/42  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

**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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Sullivan, Missouri Date signed 8/29/42

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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 Edgar W. Laffoon  
Licensed Embalmer No. 5394  
P. Q. Address Sullivan 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.**