

FILED FEB 10 1944

Registration District No. 1

Primary Registration District No. 4287

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town TROY
(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

3. (a) PRINT FULL NAME ELISHA BENEDICT BINGER

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
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 29 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 15 hr. _____ min.

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

10. Usual occupation STONE KEEPER

11. Industry or business CONSTRUCTION Co.

12. Name HENRY BINGER

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

14. Maiden name ELISSA

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

16. (a) Informant Mrs. Jessie Cummings

(b) Address 142 S. 1st St. Provo, Utah

17. (a) Removal (b) Date thereof 1/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Neb.

18. (a) Signature of funeral director Rembert Kunkelmann

(b) Address Troy, Mo.

19. (a) Jan 24/44 (b) Mrs. May Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN
(c) City or town TROY
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23
year 1944 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from August
19 43 to Jan 23 19 44

that I last saw him alive on _____, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL INSUFFICIENCY

Due to CARDIO. RENAL-VASCULAR
Due to Disease 3 yrs.

Other conditions
(Include pregnancy within 3 months of death) 3/4

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?

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

23. Signature Joe. B. Bessack (Date) 1/23/44
Address Troy Mo. Date signed _____

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.