

FILED APR 20 1944
Registration District No. 2889

Primary Registration District No. 3043

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(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 Joseph W. Binns
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 Married
6. (b) Name of husband or wife Emma D. Binns
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased September 11, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 15 hr. min.

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

10. Usual occupation Printer

11. Industry or business Retired

12. Name Joseph Binns
13. Birthplace Milton Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elzina Foreman
15. Birthplace Milton Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Roscoe W. Binns
(b) Address St. Mary's Avenue Hannibal

17. (a) Burial (b) Date thereof 3/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Wm M. Smith
(b) Address 902 Broadway Hannibal

19. (a) 3-29-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Grand Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar 19, 1944 to March 26, 1944
that I last saw him alive on March 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to.....
Due to.....

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

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?

(Specify type of place)
While at work..... (a) Means of injury.....

23. Signature W. M. Smith (M. D. or other)
Address 121 Church Hannibal Date signed 3/29/44

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

MOTHER FATHER

1146

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

George T. Baird

Licensed Embalmer No..... 4373

P. O. Address Hannibal Missouri

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.