V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21352

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 82

59 1 2

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1106 Third Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: 38 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Livingston
(c) City or town: Chillicothe (If outside city or town limits write "RURAL") 59
(d) Street No.: 1106 — 3rd St. (If rural, give location) 1 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Alexander Clarence Bingham
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:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 30 (Day) 1879 (Year)
8. AGE: Years 65 Months Days 22 If less than one day hr. min.
9. Birthplace: Yolo county Calif. (City, town, or county) (State or foreign country)
10. Usual occupation: Moulder
11. Industry or business:
MOTHER FATHER
12. Name: Don't Know
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. A. C. Chittum
(b) Address: Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood
18. (a) Signature of funeral director: E. Beckett 3227
(b) Address: Chillicothe Mo
19. (a) JUNE 23 (Date received local registrar) (b) Louella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from 6-21- 1944 to 6-22-1944 that I last saw him alive on 6-21-1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Hypertension
Due to:
Other conditions: ✓ (Include pregnancy within 3 months of death)
Major findings: Of operations: ✓
Of autopsy: ✓

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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? ✓ (e) Means of injury: ✓

23. Signature: Aubrey Barney (M. D. or other) 1944
Address: Chillicothe Mo. Date signed 6-22-44

45 (Licensed Embalmer's Sta[illegible] on Reverse Side)

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 Was Embalmed, Registered Apprentice No. _____, working under my personal supervision.

Signed C Burkett

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.