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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28274

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 251

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: Levering Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1617 Fulton
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Laura Belle Bingham Gartner

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Gartner 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 6, 1881 (Month) (Day) (Year)

8. AGE: Years 63 | Months 3 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Hannibal Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business xx

FATHER
12. Name William W. Bingham
13. Birthplace Canada (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name Edna F. Cooley
15. Birthplace Batavia Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Charles Gartner
(b) Address 1617 Fulton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/44 (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) 8-8-44 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1944 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from July 25, 1944 to 8-5, 1944 that I last saw her alive on 8-5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver (apparently metastatic) Duration 6 mo
Due to Primary Human not found
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations Exploratory laparotomy
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? — (Specify type of place)
While at work? (e) Means of injury —

23. Signature Howard Friedrich (M. D. or other) MD
Address Hannibal, Mo Date signed 8-7-44

1146 (Licensed Embalmer's Statement 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed George T. Bond

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.