

No. 2  
9-43  
5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 9 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10626**  
Registrar's No. **1326**

Registration District No. **42** Primary Registration District No. **1001**

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Josephs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 1 day  
years, months or days)

3. (a) PRINT FULL NAME Infant Bingaman  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 29 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 14 hr. min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jack Bingaman  
13. Birthplace Pittsburg Penn  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Hoffman  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luttie Hoffman  
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Nelson Detole & Bowman  
(b) Address 319 So. 10th  
19. (a) 12/30/44 (b) Walter J. Pickett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan **11**  
(c) City or town St. Joseph **1**  
(If outside city or town limits, write "RURAL") **7**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29  
year 1944 hour 9 minute 45P M.  
21. I hereby certify that I attended the deceased from 12-29-44  
19\_\_\_\_, to 12-29-44 19\_\_\_\_;  
that I last saw her alive on 12-29-44 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Pre-maturity Life  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_ **159**  
Other conditions \_\_\_\_\_  
(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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 0  
23. Signature Mrs. Luttie Hoffman (M. D. or other) **12/30/44**  
Address 315 Kiangpatnick Bldg. Date signed \_\_\_\_\_

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

Mr. M. E. Haines  
West. Belg.

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 not.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Frank A. Haines

Licensed Embalmer No. 1710

P. O. Address St. Joseph, 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.**