

FILED MAR 8 1945

Primary Registration District No. 4042

Registrar's No. 47

1. PLACE OF DEATH:

(a) County BOLLINGER  
(b) City or town WINTESVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)  
In this community 1 yr 4 mo. (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME MARY MELINDA BINGNER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife. — 6. (c) Age of husband or wife if alive. — years

7. Birth date of deceased. AUG 17 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 10 hr. min.

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

10. Usual occupation Aug.

11. Industry or business ✓

12. Name JESSE PRATT

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

14. Maiden name 9

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

16. (a) Informant HAROLD A. BINGNER

(b) Address ROUTE 6 BOX 1946 SAPPINGTON 23 MO.

17. (a) BURIAL (b) Date thereof MAR 1 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. HAHN CHAPEL CEM.

18. (a) Signature of funeral director. BAKER FUNERAL HOME

(b) Address WINTESVILLE, MO.

19. (a) MARCH 3 1945 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER 9  
(c) City or town WINTESVILLE 0  
(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. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 27  
year 1945 hour 12:00 minute 40 P. M.

21. I hereby certify that I attended the deceased from 2/2/45 to 2/23/45, 19\_\_\_\_; that I last saw him alive on 2/23/45, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature John J. Mingo (M. D. or other)  
Address Winterville Mo. Date signed 3/3/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 345-301

Date Filed 2-6-45

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

working under my personal supervision.

Signed

J. E. Graham

Licensed Embalmer No.

4010

P. O. Address

Lutesville, 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.