

S. No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 19 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10010

State File No. _____

Registrar's No. 253

Registration District No. 169

Primary Registration District No. 4262

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City, Mo.
(c) Name of hospital or institution: _____
(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 FULLNAME James Clayton Binkley
(b) If veteran, name, war _____
(c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced _____
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1949
(Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Lewis Binkley
13. Birthplace Knox Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mable Irene Merner
15. Birthplace Knox Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Binkley
(b) Address Knox City, Mo.

17. (a) Burial (b) Date thereof Feb. 11-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knox City, Mo.

18. (a) Signature of funeral director W. H. Walters
(b) Address Knox City, Mo.

19. (a) Feb 11 1949 (b) W. H. Walters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox
(c) City or town Knox City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1949 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 9
1949, to Feb. 10 1949
that I last saw him alive on Feb. 10 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Lungal Rhythm Duration 2 days
Due to As above stated

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature A. H. Tullard (M. D. or other) _____

Address Knox City, Mo. Date signed 2/11/49

RECEIVED
District Health Officer No. 10
District File Number 3-45-537
Date Filed MAR 16 1945

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 Fred Walter

Licensed Embalmer No. 684
P. O. Address Knox City 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.