. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36341

FILED NOV 26 1946

Registration District No. 1946 Primary Registration District No. 5224 Registrar's No. 166

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Grand River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at N.W. Harrisonville City Limits
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 19
(c) City or town Harrisonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. Sycamore 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Beatrice Bingaman
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James D. Bingaman
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased June 20 1911 (Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Cass County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None

MOTHER FATHER
12. Name James M. Fisher
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Claudia Kyle
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant James D. Bingaman
(b) Address Harrisonville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 18 46 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery
18. (a) Signature of funeral director Atkinson Bros.
(b) Address Harrisonville Mo.
19. (a) 11-18-1946 (Date received local registrar) (b) Lamar C. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1946 hour 11 minute 50 P.M.
21. I hereby certify that I attended the deceased from / , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Killed by Mo. Pacific Northbound freight train about 11:50 P.M. of Nov. 16, 1946.
Due to Accident, being run over by train
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration

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) Accident 19
(b) Date of occurrence 11:50 P.M. Nov. 16, 1946
(c) Where did injury occur? Harrisonville Cass Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Mo. Pacific R.R. Right of Way (Specify type of place)
While at work? No (e) Means of injury injured by train
23. Signature W. H. Wolfe, Acting Coroner (M. D. or other)
Address 106 Main, Harrisonville Mo. Date signed 11/18/46

51 (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, ~~only~~ me

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

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.