

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40463**
5098
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **5 months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1823 East 7th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) FULL NAME **Prizzie Bingham**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John Bingham** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **Oct 27th, 1896**
(Month) (Day) (Year)

8. AGE: Years **50** Months **1** Days **8** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Amos Mead**

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

14. Maiden name **Cordelia Asberry**

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

16. (a) Informant **John Bingham**

(b) Address **1823 East 7th, St.**

17. (a) **Removal** (b) Date thereof **12/5/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leeper Missouri**

18. (a) Signature of funeral director **Earp & Sons**

(b) Address **4139 East 15th, St.**

19. (a) **12-5-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5th**
year **1946** hour **8** minute **00** **A.M.**

21. I hereby certify that I attended the deceased from **12-3-46**, 19 to **12-5-46**, 19;
that I last saw **her** alive on **12-5-46**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial failure** Duration

Due to **Probable carcinoma of uterus**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **48 lb**

Of operations

Of autopsy **None**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Wm W. Hart** (M. D. or other)

Address **Med. Dir. K.C. Gen. Hosp.** Date signed **12-5-46**

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

John B. Camp

Licensed Embalmer No. *2955*

P. O. Address. *1909 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.