S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 20 1947
Registration District No. 200

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Maddox
State File No. 35025

Primary Registration District No. 5726
Registrar's No. 248

1. PLACE OF DEATH:
(a) County Macon
(b) City or town rural Middleford
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon 61
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles A. Binder
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora J. Binder
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb. 11 (Month) 1867 (Day) (Year)

8. AGE: Years 80 Months 6 Days 29 If less than one day hr. min.

9. Birthplace New Jersey (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farming retired
11. Industry or business
FATHER
12. Name Stephan Binder
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Rosana Bauer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mr. Flora Binder
(b) Address Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Friendship Ch & Cem
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo.
19. (a) 10/15/47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10" year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 22 1947 to Aug 10, 1947 that I last saw him alive on Aug 10 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	
Due to Chronic Myocarditis	
Due to Senile Debility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93D	

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature R. D. Messox (M. D. or other)
Address Macon, Mo. Date signed 10/3/47

OCT 18 1947

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1947

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 James C. Clearer, Registered Apprentice No. #515, working under my personal supervision.

Signed O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.