

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 25 1948
Registration District No. 287

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3028

State File No. 9013
Registrar's No. 39

19
1
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
527 Oak St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 527 Oak St.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Foster BINNEY

3. (b) If veteran, name war No

3. (c) Social Security No. 498-28-5087

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lou Stearnes Binney 6. (c) Age of husband or wife If alive 73 years

7. Birth date of deceased September 16, 1878
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 74 | 4 | 18 | hr. min. |

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

10. Usual occupation Ret. Farmer

11. Industry or business

12. Name George Binney

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

14. Maiden name Susanna Kelso

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

16. (a) Informant Mrs. Lou S. Binney
(b) Address 527 Oak St., Carthage, Mo.

17. (a) Burial (b) Date thereof 2-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hackney Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 2-7-1948 (b) 2-6-Clinton, Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th.
year 1948 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 23, 1948 to Feb. 4, 1948;
that I last saw him alive on Feb. 1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart.
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 990
Of autopsy

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?

23. Signature [Signature] (Specify type of place) (c) Means of injury 0
(M. D. or other)

Address Carthage, Mo. Date signed 2-5-48

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.....

Marion Y. McCormick
Marion Y. McCormick

Registered Apprentice No. 17

working under my personal supervision.

Gene C. Pugh
Gene C. Pugh.

Signed.....

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.