

No. 2
-12-45
-17-39
47070

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

FILED JUN 25 1948

Registration District No. 386

Primary Registration District No. 4082

Registrar's No. 5-

1. PLACE OF DEATH:

(a) County CARROLL
(b) City or town Boyard, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ALL HIS LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll 17
(c) City or town Boyard, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Justice Madison Bingham

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL Bingham 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC 3 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 6 4 hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Bingham 6
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Johnson 0
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Miss Pearl Bingham
(b) Address Boyard Mo.

17. (a) BURIAL (b) Date thereof June 9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia

18. (a) Signature of funeral director E. A. Dickerson
(b) Address Boyard, Mo.

19. (a) June 8-1948 (b) Emmie Street
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 1948
year 1948 hour _____ minute 8:30 A.M.

21. I hereby certify that I attended the deceased from June 6 1948 to June 7 1948
that I last saw him alive on June 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia Duration 2 Mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

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? _____

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

23. Signature E. A. Dickerson Date signed June 8 1948
Address Carrollton, Mo.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-24-48

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. A. Dummer

Licensed Embalmer No. 2534

P. O. Address Boyd 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.