

FILED AUG 9 1948

Registration District No. **128**Primary Registration District No. **2000**Registrar's No. **641**

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Burge Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
26 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield,**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **723 West Brower**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **No**

3. (a) PRINT FULL NAME **LIBBY ELIZABETH BINGHAM**

3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **James W Bingham**
 6. (c) Age of husband or wife if alive **Dec 12 1879**
 7. Birth date of deceased **October 12 1879**
 (Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **19**
 If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John A Pierce**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Graham**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Dewey M Bingham**(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **8 2 48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**18. (a) Signature of funeral director **Aama Lohmeyer Funeral Home**(b) Address **Springfield, Missouri**

19. (a) **8-4-48** (b) **W. Z. Handley, M.D.**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
 year **1948** hour **12:** minute **04 P.M.**

21. I hereby certify that I attended the deceased from **May 15**
 19**48** to **July 31**, 19**48**
 that I last saw her alive on **July 31**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 1 week**

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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)
 (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 **W. Z. Handley** (M. D. or other) **M.D.**
 Address **Springfield, Mo** Date signed **8-2-48**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.