

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33658
Registrar's No. 90

FILED NOV 5 1948
Registration District No. 21842

Primary Registration District No. 3049

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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 life years, months or days

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

3. (a) PRINT FULL NAME Johnie Ray Bingle
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 19th
year 1948 hour _____ minute 00 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 10-19-, 1948 to 10-19-, 1948; that I last saw him alive on 10-19-, 1948; and that death occurred on the date and hour stated above.

7. Birth date of deceased March 29 1948
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 6 29 hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration _____
Due to _____
Due to _____

9. Birthplace Hayti, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Milton Bingle
13. Birthplace Plain Dealing Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Hazel Ann Meek
15. Birthplace Decatur Co Tennessee
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
108

16. (a) Informant Milton Bingle
(b) Address Hayti, Mo
17. (a) Burial (b) Date thereof 10/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayti, Mo
18. (a) Signature of funeral director John W. Herman
(b) Address Hayti, Mo
19. (a) 11-2-48 (b) John W. Herman
(Date received local registrar) (Registrar's signature)

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 J. L. Masters (M. D. or other)
Address Hayti Mo Date signed 10-29-48

11-48-301

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.