

1941 AUG 15 1941

Registration District No. 156

Primary Registration District No. 5919

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural - Grandriver
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 1/2 mi East of Lonetree
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 (Specify whether
In this community 11 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass **019**
(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 mi East of Lonetree
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 1941 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 10, 1941, to July 2, 1941;
that I last saw him alive on July 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary heart disease
Chronic nephritis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 12/8

Major findings:
Of operations _____
Of autopsy _____

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. W. Smith (M. D. or other) **0**
Address Harrisonville, Mo Date signed _____

3. (a) PRINT FULL NAME Phillip Bingel

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 17 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Austria Hungary X
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Nicholas Bingel

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Gus Bingel

(b) Address Harrisonville

17. (a) Burial (b) Date thereof _____ (Month) _____ (Day) _____ (Year)
(Burial, cremation, or other)

(c) Place: burial or cremation Prior Cem. Mtz Mo

18. (a) Signature of funeral director Atkinson

(b) Address Harrisonville

19. (a) 7/18/41 (b) Beckusly
(Date received local registrar) (Registrar's signature)

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

19
00

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

Floyd Atkinson

Licensed Embalmer No. *3920*

P. O. Address

Harrisonville, 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, above space should be left blank.