V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944
Registration District No. 5916

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34982

Primary Registration District No. 5916

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Cinque Homme Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 83-6-27

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural Cinque Homme Twp
(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 George M. Bingenheimer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Matilda Bingenheimer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 31 (Day) 1861 (Year)

8. AGE: Years 83 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name George Bingenheimer

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

14. Maiden name Elezabeth Rienemar

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

16. (a) Informant Pete Wells

(b) Address Perryville R.2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) 11-2-1944 (Date received local registrar) (b) Leon J Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 28

year 1944 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 15, 1940 to Oct 28, 1944 that I last saw him alive on Oct 28, 1944, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy.	10 hrs
Due to: Arteriosclerosis	5 yrs
Due to: Hypertension	5 yrs
Other conditions (Include pregnancy within 3 months of death): 834	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Oscar A Carron (M. D. or other)

Address Perryville Mo Date signed 11-2-44

1814 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1144-4518

Date Filed 11-7-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.