

FILED APR 10 1944

State File No. _____

Registration District No. 53Primary Registration District No. 3010

Registrar's No. _____

101

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

LENA J. BINGENHEIMER3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
2 divorced W
 6. (b) Name of husband or wife William J. Bingenheimer 6. (c) Age of husband or wife if
alive _____ years
 7. Birth date of deceased Sept 3 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 8 hr. min.

9. Birthplace Shawneetown mo. O
(City, town, or county) (State or foreign country)10. Usual occupation house wife

11. Industry or business

MOTHER FATHER

12. Name Berry Rastor
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Theresa Lueders 9
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Bingenheimer(b) Address Jackson mo17. (a) Burial (b) Date thereof 3-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director Wilson Staller - Seaburg(b) Address Jackson mo19. (a) 3-14-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau ¹⁶
 (c) City or town JACKSON mo ²
 (If outside city or town limits, write "RURAL") ¹
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1944 hour 4 minute 7 P. M.21. I hereby certify that I attended the deceased from
March 7 1944 to March 11 1944
that I last saw him alive on March 11 1944
and that death occurred on the date and hour stated above.Immediate cause of death apoplexy ^{Duration of illness above 7 yrs}Due to arterio sclerosis

Due to _____

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

While at work? _____ (Specify type of place) (e) Means of injury O23. Signature F. W. Phelps (M. D. or other) _____
Address JACKSON mo Date signed 3-13-44

RECEIVED

District Health Officer No. 4
District File Number 444-36
Date Filed 4-7-44

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jacksonville

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.