

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 169

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Farmington Rural Dist.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 miles East of Farmington in St. Francois Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 43 years
years, months or days)

3. (a) PRINT FULL NAME James Orville Straughan

3. (b) If veteran yes World War 1918 name war
3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married married
divorced _____

(b) Name of husband or wife Stella Shipp Straughan 6. (c) Age of husband or wife if alive 40 years
30 1897
(Month) (Day) (Year)

7. Birth date of deceased

8. AGE: Years 43 Months 7 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace St. Genevieve Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Letter Carrier

11. Industry or business _____

12. Name James O. Straughan

13. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Stella Holmes

15. Birthplace St. Francois Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Straughan

(b) Address Farmington Mo.

17. (a) Burial (b) Date thereof 9-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director Coyson Funeral

(b) Address Farmington Mo

19. (a) Sept 26-1940 (b) J. S. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town 10 Rural St. Francois Twp
(If outside city or town limit, write "RURAL")
(d) Street No. 2 miles East of Farmington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1940 hour 6:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 25 1940
that I last saw him alive on Sept 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chronic Myocarditis

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? 699
(Specify type of place) (e) Means of injury _____
While at work? _____

23. Signature Richard C. ... (M. D. or other) MD
Address Farmington Mo. Date signed 9-25-40

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

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Nellie Harter

Licensed Embalmer No.

2969

P. O. Address

Farmington, 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.