

FILED JUL 7 1943 19

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town St. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Loulette Straughan

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas B. STAAUGHAN 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 11 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 22 hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER, FATHER

12. Name Hardy Wiggins

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

14. Maiden name Sarah E. Straughan

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

16. (a) Informant Mrs. J. J. Fallut

(b) Address St. Genevieve Mo.

17. (a) Burial (b) Date thereof June 14 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo.

18. (a) Signature of funeral director L. C. Baker

(b) Address St. Genevieve Mo.

19. (a) June 12/43 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve
(c) City or town St. Genevieve
(If outside city or town limits, write "RURAL")
(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 June day 11
year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from.....
1939, to June 11, 1943;

that I last saw him alive on June 11, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Angina Pectoris

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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 B. Delapasselle (M. D. or other) MD

Address St. Genevieve Date signed 6-14-43

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

95
1
1

RECEIVED

District Health Officer No. 4
District File Number 743-2356
Date Filed 7-6-43

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 Les C. Basler
Licensed Embalmer No. 1985
P. O. Address St. Genevieve 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.