S. No. 2
DM—2-43
v. 5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

17987

State File No.

Registration District No. 5216

Primary Registration District No. 6073

Registrar's No. 42

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural Berry Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Rural 911
(If outside city or town limits, write "RURAL")
(d) Street No. Berry Twp. 6
(If rural, give location) 6
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES L. STRAUGHAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida Straughan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 30 (Day) 1865 (Year)

8. AGE: Years 79 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Ste. Genevieve Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Straughan
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Swanson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. R. Straughan
(b) Address Leadington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem. Farmington Mo.
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington Mo.
19. (a) 5/31/45 (Date received by local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1945 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from 3-1, 1945, to 5-29-, 1945, that I last saw him alive on 5-14, 1945, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute cardiac atrophy | 5 week |
| Due to Cirrosis Liver | 10 mos |
| 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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature W. A. Brockmeyer (M. D. or other)
Address Desloge Mo. Date signed 5-31-45

1297 (Licensed Embalmer's Statement on Reverse Side)

(FEE)

District Health Officer No. 4

District File Number 645-7

Date Filed 6-7-45

AUG 30 1945

## 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 Berl J. Miller

Licensed Embalmer No. 3752

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, fact should be so stated above.**