DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42339

FILED JAN 11 1946

Registration District No. Primary Registration District No. 6074 Registrar's No. 260

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
(b) City or town CANTWELL (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: 94

(a) State MO. (b) County ST. FRANCOIS 0
(c) City or town CANTWELL (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SEREPTA E. STRAUGHAN
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HOWARD E. STRAUGHAN
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 12 (Month) 28 (Day) 1877 (Year)

8. AGE: Years 67 Months 11 Days 15 If less than one day hr. min.

9. Birthplace NEAR FARMINGTON (City, town, or county) MO (State or foreign country)
10. Usual occupation CARE OF HOME
11. Industry or business NONE

MOTHER
12. Name JOESPH HINKLE
13. Birthplace (City, town, or county) WEST VIRGINIA (State or foreign country)

FATHER
14. Maiden name MARRY SMITH
15. Birthplace (City, town, or county) MO. N (State or foreign country)

16. (a) Informant HOWARD E. STRAUGHAN
(b) Address CANTWELL
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation PARK VIEW
18. (a) Signature of funeral director C. Z. Bayer
(b) Address DESLODGE MO.
19. (a) 12-24-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 45 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 6, 1945, to Dec 13, 1945, that I last saw her alive on Dec 12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy.	7 days
Due to Hypertension.	
Due to Diabetes mellitus.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 L. M. Stanfield (M. D. or other) DO
Address Farmington Mo. Date signed 12/16/45

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-155

Date Filed 1-9-46

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 C. L. Boyer.

Licensed Embalmer No. 1671

P. O. Address Dallas Ore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 260

1. PLACE OF DEATH:
(a) County St François
(b) City or town Centreville
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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: Lucyta E. 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 M

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

7. Birth date of deceased Dec 28, 1877
(Month) (Day) (Year)

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 T. D. Haywood (M. D. or other)
Address Date signed

42339