

FILED OCT 14 1942

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(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 Mo (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? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS B. STRAUGHAN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1942 hour 12:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 1938 to Sept 21 1942
that I last saw him alive on Sept 21 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife JUBETTIE WIGGINS 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JAN 3 1864
(Month) (Day) (Year)

Immediate cause of death Acute cardiac dilatation in a chronic myocardial hypertrophy

Due to Chronic nephritis - Fortical Hypertension

Due to Chronic Hepatitis Chronic Cholelithiasis

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
78 8 18 hr. _____ min.

9. Birthplace STE. GENEVIEVE, CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name JOHN C. STRAUGHAN

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

14. Maiden name MARY SWEARINGEN

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

Major findings: Of operations _____

Of autopsy _____

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MOTHER FATHER {

16. (a) Informant Ella Wulley

(b) Address 4564 Wichita St Louis Mo

17. (a) Burial (b) Date thereof SEPT 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Geo. C. Baskin

(b) Address St. Genevieve Mo

19. (a) Sept 21/42 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

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 St. Genevieve Mo (M. D. or other) _____
Address _____ Date signed 9-21-42

RECEIVED

District Health Office No. 4
District File Number 1042-1249
Date Filed 10-13-42

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.....

L. C. Baker

Licensed Embalmer No. 1985

P. O. Address St. Dennis Mo

St. Dennis 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.