

V. S. No. 2
FORM-2-43
Re 5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43607

FILED JAN 6 1944

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 135

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
74
2
1

1. PLACE OF DEATH:

(a) County St. Francois Co.

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bonne Terre Hos.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community seventy yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ida May 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 married

6. (b) Name of husband or wife James L. Straughan 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug 12 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Home Maker

12. Name Henry Agnew

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

14. Maiden name Sarah Elizabeth Agnew

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

16. (a) Informant Mrs. Vernon Heck

(b) Address Farmington, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 1 44
(Month) (Day) (Year)

(c) Place: burial or cremation Parkview - Farmington

18. (a) Signature of funeral director C.H. CD Zeam

(b) Address Farmington, Mo.

19. (a) Dec 31-1943 (Date received local registrar) (b) Byrdie Bukhmaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Francois

(c) City or town Farmington Rural
(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 Dec day 30
year 1943 hour 3 minute 2 AM.

21. I hereby certify that I attended the deceased from Dec 22, 1943 to Dec 30, 1943
that I last saw her alive on Dec 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia followed by Labor Pneumonia of Right Lung

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 33A

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? No

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

23. Signature R. G. Phillips (M.D. or other) 12-31-43
Address Farmington, Mo. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1196

AUG 30 1948

RECEIVED

District Health Officer No. 4
District File Number 144-3106
Date Filed 1-5-44

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.....
Offcoza

Licensed Embalmer No. 4084

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.