

Registration District No. 773

Primary Registration District No. 6018A

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Farmington Rural  
(c) Name of hospital or institution  
2 miles East of Farmington in St. Francois Twp  
(d) Length of stay: In hospital or institution now  
In this community 43 years

OCT 23 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Rural St. Francois Twp  
(d) Street No. 2 miles East of Farmington  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME James Orville Straughan

(b) If veteran yes World War 1918 (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married married

(b) Name of husband or wife Stella Shipp Straughan 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan 30 1897

8. AGE: Years 43 Months 7 Days 25 If less than one day

9. Birthplace St. Genevieve Mo

10. Usual occupation Letter Carrier

11. Industry or business

12. Name James O. Straughan

13. Birthplace St. Genevieve Co Mo

14. Maiden name Stella Holmes

15. Birthplace St. Francois Co. Mo

16. (a) Informant Stella Straughan

(b) Address Farmington Mo

17. (a) Burial (b) Date thereof 9-28-40

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director Coyen Funeral

(b) Address Farmington Mo

19. (a) Sept 26-1940 (b) J. S. Robinson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1940 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 25 to Sept 25, 1940 that I last saw him alive on Sept 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92C

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? 699

(Specify type of place) (e) Means of injury

23. Signature Arthur C. ... (M. D. or other) And

Address Farmington Mo Date signed 9-25-40

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

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**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 Nellie Harter

Licensed Embalmer No. 2969

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, above space should be left blank.**