

MAR 20 1941 338
Registration District No. _____

Primary Registration District No. 547K

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Gilman City Rural

(c) Name of hospital or institution: Union Chapel

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 15 years (years, months or days)

3. (a) PRINT FULL NAME EVA BLANCH STREETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex _____

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Streett

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

7. Birth date of deceased: March 8 1888

(Month) (Day) (Year)

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

52 10 15 hr. min.

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

10. Usual occupation House wife

11. Industry or business Charles E Baird

12. Name Charles E Baird

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

14. Maiden name Blanca Johnston

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

16. (a) Informant Frank Streett

(b) Address Gilman City, Mo.

17. (a) Buried (Burial, cremation, or removal)

(b) Date thereof Jan 25 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel cemetery

18. (a) Signature of funeral director W D Haines

(b) Address Gilman City Mo.

19. (a) Mar 2, 1941 (Date received local registrar)

Geo. Joseph (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison

(c) City or town Gilman City Rural (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 29 year 1941 hour 9 minute 7 P. M.

21. I hereby certify that I attended the deceased from Jan 14 1941, to Jan 23 1941, that I last saw her alive on Jan 25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Decompensation of heart Duration 1 hr

Influenza

Due to Influenza 3 days

Due to Bronchial pneumonia 5 days

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

Major findings: Of operations 45 C

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? _____

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

23. Signature W H Warren (M. D. or other) 65 MR

Address Gilman City Mo Date signed Jan 1-41

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 _____

W.D. Haines

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *W.D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Hibman City 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.