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7-39
K23159

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 243

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Mo.

(c) Name of hospital or institution Independence San
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME George B. Streeter

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Oct. 17 1873
(Month) (Day) (Year)

8. AGE: 68 Years 11 Months 11 Days hr. min.

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

10. Usual occupation Constructional Engineer

11. Industry or business U. S. Government

12. Name James Streeter

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Skogma Maie Streeter

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 9-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lagoude, Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) Sept 16 1941 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1276 Kansas
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour 2:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 1 - 1941 to 9-15 - 1941
that I last saw him alive on 9-14 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Kahara Pneumonia
Right middle-left low
er lobe
Due to Hypos tasis

Due to Acute Nephritis
Malaria fever & malaria
Other conditions myocarditis
(Include pregnancy within 3 months of death)

Major findings: 108

Of operations _____

Of autopsy Lobar Pneumonia
Nephritis - myocarditis

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 W. Hallen (M. D. or other) M.D.
Address Independence, Mo. Date signed 9-15-41

Duration

48 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 13 194

SEP 29 1941

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

Dean Owens

Registered Apprentice No. *283*

working under my personal supervision.

Signed

L. M. Keir

Licensed Embalmer No. *3156*

P. O. Address *Independence*

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.