

Registration District No. 291Primary Registration District No. 4433Registrar's No. 81

1. PLACE OF DEATH:

(a) County Putnam
 (b) City or town Unionville
 (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. 5 YEARS (Specify whether years, months or days)

8. (a) PRINT FULL NAME Loyd Ivan Streit8. (b) If veteran, name war - 8. (c) Social Security No. -4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased NOVEMBER-30-1926
(Month) (Day) (Year)8. AGE: Years 15 Months 9 Days 0 If less than one day hr. min.9. Birthplace Wayne County Iowa
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER
 12. Name PETE E STREET
 13. Birthplace Allerton Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name GRACE SOOK
 15. Birthplace Allerton Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis E Street
 (b) Address Medill, Mo.
 17. (a) BURIAL (b) Date thereof Sept-1-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Unionville Missouri

18. (a) Signature of funeral director Pomatoch Funeral Home
 (b) Address Unionville Mo by J W Pomatoch
 19. (a) 9-1-42 (b) [Signature]
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
 (c) City or town Unionville
 (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 Aug day 30
year 1942 hour 10 minute 25 P.M.21. I hereby certify that I attended the deceased from Aug 24, 1942 to Aug 30, 1942
that I last saw him alive on Aug 30 - 4:20, 19.....; and that death occurred on the date and hour stated above.Immediate cause of death Septicemia Duration About 10 daysDue to Injury to left arm
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

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) Accident to arm
 (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?

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

23. Signature E H Magee (M. D. or other).....
Address Unionville Mo Date signed 9-1-42

RECEIVED

District Health Officer No. 10

District File Number 9-42-17157

Date Filed SEP - 8 1932

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

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27969

Registration District No. 291

Primary Registration District No. 4432

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(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 _____ (b) County _____
(c) City or town _____ (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 Loyd Juan Street

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Nov 30 1927
(Month) (Day) (Year)

8. AGE: Years 15 Months 9 Days 11 (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 30 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him _____ days on _____ and that death occurred on the date and hour stated above. Immediate cause of death Septicemia

Due to Injury to left arm

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1860

Major findings: Of operations _____

Of autopsy 39

Duration 10 days

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) wrestling - fell

(b) Date of occurrence About Aug 18 or 19 1942

(c) Where did injury occur? at home Unionville Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? No (e) Means of injury wrestling

23. Signature E H Magee (M., D. or other) _____ Address Unionville Mo Date signed Oct 1 1942

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

SUPPLEMENTARY

E. H. MAGEE, M. D.
UNIONVILLE, MO.

Oct. 1, 1942.

There is not room on the blank to record the necessary information.

About five or six years ^{ago} ~~ago~~ Lloyd Ivan Streit suffered a fracture of the humerus. The fragments were wired in place.

About Aug. 18th or ~~in~~ 19th, '42 He was wrestling with a playmate and injured his arm at the site of the fracture. A few days later the arm became swollen and painful. The temperature became higher daily. The arm became discolored and indurated. He had all the classical symptoms of septicemia.

E H Magee -