V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38313

Registration District No. 347 Primary Registration District No. 4508 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Galena
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community about 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 104

(a) State Mo (b) County Stone 0
(c) City or town Galena 0
(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

3. (a) PRINT FULL NAME S. S. Standridge

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

4. Sex m
5. Color or race wh
6. (a) ~~Single~~, widowed, ~~married~~, divorced Widowed
6. (b) Name of husband or wife Alfred Standridge
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Nov (Month) 11 (Day) 1860 (Year)

8. AGE: Years 82 Months Days 3 If less than one day hr. min.

9. Birthplace Ark. (Newton Co) (City, town, or county) 1 (State or foreign country)
10. Usual occupation Drayman
11. Industry or business
FATHER
12. Name John Standridge
13. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Susan Eagle
15. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Iva Tuttle
(b) Address Galena, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Mo
18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena, Mo
19. (a) Nov 17 42 (Date received local registrar) (b) Nellie Tromley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 15th year 1942 hour 3:40 minute P M.
21. I hereby certify that I attended the deceased from Nov. 11, 1942, to Nov. 15, 1942 that I last saw him alive on Nov. 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	6 wks
Due to Coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
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)
(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 Herschel Lincoln (M. D. or other)
Address Galena, Mo Date signed 11-19-42

1112 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 16 1942

District Health Officer No. 6,

District File Number 1242-1697

Date Filed DEC 8 1942

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.