

APR 16 1943

Registration District No. 61

Primary Registration District No. 4107

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs Mo
(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

3. (a) PRINT FULL NAME

John S Steet

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male 5. Color or Face White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Melissa Street 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct 12 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm H Street

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

14. Maiden name Elizabeth Price

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

16. (a) Informant Melissa Street

(b) Address R. 5, El Dorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 03-25-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Union Point Cem

18. (a) Signature of funeral director H. Winn-Siders

(b) Address El Dorado Springs Mo

19. (a) 3/26/43 (Date received local registrar) (b) L. T. Dewarney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. R. 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1943 hour 12 minute 10 P M

21. I hereby certify that I attended the deceased from Mar 1 1943 to March 23 1943
that I last saw him alive on Mar 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 wks

Due to Asy. Hep. given 2 1/2 wks

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations _____

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? _____

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

23. Signature L. T. Dewarney (M. D. or other) 3/24/43
Address El Dorado Springs Mo Date signed 3/24/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

3-43-124

Date Filed

4-13-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.