S. No. 2
M—2-43
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 AUG 12 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25542

State File No. .....

Registration District No. 21

Primary Registration District No. 5787

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Mississippi Tennessee Mo.

(b) City or town CHARLESTON & RURAL Hwy 9
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD #3 3 Mi / So EAST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 19 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 67

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. RFD #3 3 Mi So. EAST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NONE 0

3. (a) PRINT FULL NAME ALEX STRAUGHTER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race 2 COLOR

6. (a) Single, widowed, married, divorced 1 MARRIED

6. (b) Name of husband or wife MAUDE ELLA STRAUGHTER

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased FEBRUARY (Month) 15 (Day) 1899 (Year)

8. AGE: Years 44 | Months 4 | Days 18 | If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMING

11. Industry or business FARM LABORER

FATHER
12. Name JOHN STRAUGHTER
13. Birthplace ..... (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name NO RECORD
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant ROOSEVELT STRAUGHTER

(b) Address GARY INDIANA - 1700 WASH. ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director John F. Nunnelee Jr.

(b) Address Charleston, Mo

19. (a) 8/1/43 (Date received local registrar) (b) Mrs. Lou Mason (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 3RD year 1943 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from 3-8-, 1943 to 6-20-, 1943 that I last saw him alive on 6-20-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	6 mons.
Due to	
Due to Chronic Bronchitis	8 mons.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 f 1

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 W. A. Lingal (M. D. or other)

Address 204 S Locust St Charleston Mo Date signed 7-6-43

1267

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 17 1943
District Health Office No. 2,
District File Number 843-1017
Date Filed 8-9-43

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.