

FILED FEB 8 1944

Registration District No. 84

Primary Registration District No. 4148

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Otterville
(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: ✓
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Otterville
(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 WILLIAM GODBEY STREET

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

4. Sex MALE 5. Color or Race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CAMMIE R. STREET 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 10 - 13 - 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John A. Street

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

14. Maiden name Judy Yancy

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

16. (a) Informant Mrs. W. G. Street

(b) Address Otterville, Mo.

17. (a) Burial (b) Date thereof 1-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director L. F. Tasker

(b) Address Otterville, Mo.

19. (a) Jan 26-1944 (b) Mrs. Vera Robien
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1944 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 19 to Jan 19 1944

that I last saw him alive on Jan 19 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis, Chronic Valvular Heart Disease, Chronic Nephritis
Due to Arterio-sclerosis
Due to Intestinal obstruction 2 days

Duration 29 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121 f

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? _____

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

23. Signature Tom H. Cole (M. D. or other) MD
Address Otterville Date signed 1/20/44

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

7
0
0

RECEIVED

District Health Officer No. 8,

File Number

9-7-44

APR 29 1950

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Otterville, 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.