S. No. 2
1—8-13
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17385

Registration District No. 183 Primary Registration District No. 4297 Registrar's No. 13

1. PLACE OF DEATH:

(a) County LINN

(b) City or town PURDIN
(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 MISSOURI (b) County LINN

(c) City or town PURDIN
(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 ALONZO MARSHALL STREET

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA STREET

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

7. Birth date of deceased APRIL (Month) 26 (Day) 1891 (Year)

8. AGE: Years 53 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation ASSISTANT POSTMASTER

11. Industry or business POST OFFICE

FATHER
12. Name DAVID A. STREET
13. Birthplace BOONE Co (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ELIZABETH SCHROCK
15. Birthplace LINN Co (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs Emma Street
(b) Address PURDIN, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-26-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin Cem

18. (a) Signature of funeral director Thorne Undt Co
(b) Address Linneus, Missouri

19. (a) 4-26-1945 (Date received local registrar) (b) Mrs C C Woolf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 24 year 1945 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 1:15 a.m. April 24 1945 to time of death 2 a.m. 1945 that I last saw him alive on April 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertensive - arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? no (e). Means of injury none

23. Signature Guy W Cable Co 2 (M.D. or other)

Address Purdin MO Date signed 4/25

1354

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 22 1945
District Health Officer No. 11
District File Number
Date Filed

AUG 23 1945

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 Darr A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, 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.