

DUED JUN 15 1945
Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 42

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Rural Perry Twp.
 (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 _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Rural Perry Twp. 911
 (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 JAMES L. STRAUGHAN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 29
 year 1945 hour 11 minute 45 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ida Straughan
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 30 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-1, 1945 to 5-29, 1945
 that I last saw him alive on 5-14, 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 6 Days 29
 If less than one day _____ hr. _____ min.

Immediate cause of death acute self
absorphy
 Due to curious fire
 Due to _____

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

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

10. Usual occupation Farmer
 11. Industry or business _____
 MOTHER FATHER { 12. Name John Straughan
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Swanson
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings: Of operations 24h
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant B. R. Straughan
 (b) Address Leadington, Mo.
 17. (a) Burial (b) Date thereof June 1, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Parkview Cem. Leadington Mo.
 18. (a) Signature of funeral director Miller Funeral Home
 (b) Address Leadington, Mo.
 19. (a) 5/31/45 (b) Ether Rudloff
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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) (e) Means of injury _____
 While at work? _____
 23. Signature U. D. ... (M. D. or other) _____
 Address Leadington, Mo. Date signed 5-31-45

FILED

District Health Officer No. 4
District File Number 645-7
Date Filed 6-7-45

AUG 30 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 Bert J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.