S. No. 2
—11-10-39
v. 5-17-39
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1754

Registration District No. 79 Primary Registration District No. 5116 Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County BOONE
(b) City or town RURAL Bourbon 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 ALL of LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County BOONE 10
(c) City or town RURAL 0
(If outside city or town limits write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Brown Street
3. (b) If veteran, name war No
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband ~~or wife~~ Eliza Rowe
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Nov. (Month) 21 (Day) - 1857 (Year)

8. AGE: Years 83 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name William B. Street
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name America Sutton
15. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant Eugene B. Street
(b) Address Sturgeon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Grove
18. (a) Signature of funeral director Barnes & Booth
(b) Address Sturgeon, Mo.
19. (a) Jan. 27-1941 (Date received local registrar) (b) A. E. Booth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1941 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from 1931, 19 , to Jan 25, 1941; that I last saw him alive on Jan 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	10 days
Endo Carditis	1 yr
Due to Bronchial Asthma	15 yrs
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

92 B

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 A. R. McKinnes (M. D. ~~or other~~) 0
Address Sturgeon Mo Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1950

JUN 19 1956

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.....O. E. Booth.....

Licensed Embalmer No.....4087.....

P. O. Address.....Sturgeon, 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, above space should be left blank.