No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14666

Registration District No. 337 Primary Registration District No. 4200 Registrar's No. 5

41
0
0

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Eagleville
(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 years, months or days)
In this community 7 years

2. USUAL RESIDENCE OF DECEASED: 41 0 0
(a) State Missouri (b) County Harrison
(c) City or town Eagleville
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Claude J. Street
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verda Cook
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Feb. 1, 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	2	17	____ hr. ____ min.

9. Birthplace near E agleville (City, town, or county) Mo (State or foreign country)
10. Usual occupation truck driver
11. Industry or business self
12. FATHER Name Chas. Street
13. FATHER Birthplace Martinsville (City, town, or county) Mo (State or foreign country)
14. MOTHER Maiden name Molley Allen
15. MOTHER Birthplace Martinsville (City, town, or country) Mo (State or foreign country)
16. (a) Informant Verda Street
(b) Address Eagleville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Kidwell Cemetery
18. (a) Signature of funeral director J. P. Rogan
(b) Address Ridgeway, Missouri
19. (a) 4-28-1941 (Date received local registrar) (b) Marie Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 18th year 1941 hour 6 minute 30-p M.
21. I hereby certify that I attended the deceased from April 16-41, 1941, to April 18th, 1941; that I last saw h. alive on April 18th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia Both sides	10 Days
Due to Influenza - and severe	
exposure - on trip in	
Due to South Missouri	
Other conditions X (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
Of autopsy X

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 R. H. Beets D.O. (M.D. or other)
Address Ridgeway, Missouri Date signed 4/20

(Licensed Embalmer's Statement on Reverse Side)

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 J P Rogers

Licensed Embalmer No. 2026

P. O. Address Ridgeway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.