DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1942

Registration District No. ____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10645

Primary Registration District No. 3010

Registrar's No. ____

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

1. PLACE OF DEATH:

(a) County: COOPER

(b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH (Specify whether years, months or days)

In this community 16 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: COOPER 027

(c) City or town: BOONVILLE
(If outside city or town limits, write "RURAL")

(d) Street No.: 208 HIGH STREET
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: ALVIN STREIGHT

3. (b) If veteran, name war: NONE

3. (c) Social Security No. 487-07-1524

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: JULY (Month) ____ (Day) 1905 (Year)

8. AGE: Years 36 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: MADDOCK (City, town, or county) NORTH DAKOTA (State or foreign country) 1

10. Usual occupation: CHEF

11. Industry or business: CAFE

FATHER
12. Name: ORA STREIGHT
13. Birthplace: ILLINOIS (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: MARY POWER
15. Birthplace: ENGLAND (City, town, or county) (State or foreign country) 4

16. (a) Informant: MRS MARY STREIGHT 1

(b) Address: BOONVILLE, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MARCH 27-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: CATHOLIC CEMETERY

18. (a) Signature of funeral director: STEGNER & KOENIG

(b) Address: BOONVILLE, MO.

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25th year 1942 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Dec 20, 1941, to Mar 25, 1942, that I last saw him alive on Mar 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
[redacted]	
cellulitis of neck	2 wks
Due to	
Due to	
Other conditions: myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none 152
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) ____

(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: T. C. Beckett M.D. (M. D. or other)

Address: Boonville, Mo. Date signed 3-26-42

8288

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8,

District File Number

Date Filed 7-8-42

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 James W. Slegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

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

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

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-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10645

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)
In this community: 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 208 - High St
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Alvin Streight
3. (b) If veteran, name war: ✓
3. (c) Social Security No. 487-07-1524
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: July (Month) 7 (Day) 1905 (Year)
8. AGE: Years 36 Months 8 Days ✓ If less than one day: hr. min.
9. Birthplace: Maddock (City, town, or county) N. Dakota (State or foreign country)
10. Usual occupation: Chef
11. Industry or business: Cafe
MOTHER FATHER
12. Name: Ora Streight
13. Birthplace: (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Mary Power
15. Birthplace: (City, town, or county) England (State or foreign country)
16. (a) Informant: Mrs Mary Streight
(b) Address: Boonville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cemetary
18. (a) Signature of funeral director: Stegner + Koenig
(b) Address: Boonville Mo
19. (a) May-26-42 (Date received local registrar) (b) Dr. Chas Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar Day: 25 year: 1942 hour: minute: M.
21. I hereby certify that I attended the deceased from Dec-20 1941 to May-23 1942, that I last saw him alive on March-27 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cellulitis of neck	2-Weeks
Due to:	
Due to:	
Other conditions: Myocarditis (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):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury:

23. Signature: T. C. Becker (M. D. or other)
Address: Boonville Mo Date signed: 3-26-42

SUPPLEMENTARY

S-10645 1942