

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X32873

40627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 11 1943

Registration District No. 98

Primary Registration District No. 5361

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Jackson Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10 Mi. S. E. Gallatin, Mo.  
(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 Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

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

(d) Street No. 10 Mi. S. E. Gallatin, Mo  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mollie Thitha Street

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
year 1942 hour 8 minute 40 A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Street

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 24 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15th 1942 to Dec 21st 1942  
that I last saw him alive on Dec 10th 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Coronary Thrombosis  
Renal Failure  
(city post-mortem)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
12 months

9. Birthplace Johnson County Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: 13/a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business Own Home

12. Name David McQueen

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Cornet

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Street

(b) Address Rt. 5 Gallatin, Mo.

17. (a) Burial (b) Date thereof 12-23-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Hope Eurn. W. Indt.

(b) Address Gallatin, Mo.

19. (a) 12-23-42 (b) J. A. Fishman  
(Date received local registrar) (Registrar's signature)

20. While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury.

23. Signature J. A. Fishman (M. D. or other)  
Address Jameson, Mo. Date signed 12/24/42

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**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..... *L. A. Richerson* .....

Licensed Embalmer No. *3302* .....

P. O. Address, *Gallatin 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.**