

FILED FEB 13 1943

Registration District No. 788

Primary Registration District No. 42-97 5683

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Linn Benton
(b) City or town Purdin, Mo.
(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)
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Purdin Benton Mo.
(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

Thomas Jenkins Street

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Daisy D. Street 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August 24, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer - retired

11. Industry or business _____

12. Name Hiram N. Street

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

14. Maiden name Catherine Jenkins

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

16. (a) Informant Daisy D. Street

(b) Address Purdin, Mo.

17. (a) Buried (b) Date thereof June 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Purdin, Mo. Cem.

18. (a) Signature of funeral director W. R. Frank
(b) Address W. R. Frank

19. (a) Jan 1943 (b) W. C. Woolf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1943 hour 3 minute 40 p. M.

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on Jan 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. M. Arden (M, D. or other) _____
Address Purdin, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

58
00

JAN 13 1948

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.....

Frank D. Schoen

Licensed Embalmer No.....

2016

P. O. Address.....

Milan, 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.