

FILED APR 14 1943

Registration District No. 62

Primary Registration District No. 4108

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community XXXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Eunice Creola Streeter

3. (b) If veteran, name war XX 3. (c) Social Security XXXX

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife XXXXXX (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 23, 1942
(Month) (Day) (Year)

8. AGE: Years 00 Months 11 Days 19 If less than one day XXXXXX min.

9. Birthplace Stockton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XXX

11. Industry or business XXX

12. Name Orvie Martin Streeter

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

14. Maiden name Dora Helt

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

16. (a) Informant Orvie Streeter

(b) Address Stockton

17. (a) Burial (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetery, Mo

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 3-29-43 (b) Mrs Lethel Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 43 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from 2-8 to 3-11, 1943
that I last saw he alive on 3-11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Duration 5 da.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Wm B. Richter (M, D or other) D

Address Stockton Mo Date signed 3-12-43

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

MOTHER FATHER

1298

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

3-43-2

4-3-43

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 *Not Embalmed*

Licensed Embalmer No.

P. O. Address

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9934
Registrar's No. 89

Registration District No. 62

Primary Registration District No. 4108

1. PLACE OF DEATH:

(a) County Oedar
(b) City or town Stockton
(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 _____)
In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Eunice C. Stretter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 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 March 28 1901
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days _____ If less than one day _____ min. _____

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1943 year. hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia "Duration" 5 da

Due to _____

Due to _____

Other conditions Mongolian Idiot
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature Wm. B. Richter (M. D. or other) _____
Address Stockton, Mo. Date signed 4-25-43

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

MOTHER FATHER

SUPPLEMENTARY

