DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41532
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 406
(b) Township [illegible] Primary Registration District No. 5560 Registered No. 19
(c) City North of Joplin (d) Street No. 2 mi. E. of Carl Jct. Highway 57 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Starling L. Marshall.
(a) Residence, No. 2608 Louisiana St. St Louis, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 28 MONTHS Unknown DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ins. Adjuster
9. Industry or business in which work was done, as saw mill, bank, etc. G.M.C. Corp.
10. Date deceased last worked at this occupation (month and year) 11/16/37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Identification on person

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE St Louis, Mo. DATE Nov. 16 1937

19. FUNERAL DIRECTOR (ADDRESS) Lanpher Mortuary Joplin

20. FILED Nov 16 1937 C W Roney
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16. 1937.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h— dead alive on Nov. 16 1937 Death is said to have occurred on the date stated above, at 10:30 A.m. 11/16/37
The principal cause of death and related causes of importance were as follows:
Automobile — Train Collision — which head was severed and body otherwise mangled
Date of onset
Other contributory causes of importance:
206 M
Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy Inquest

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/16, 1937
Where did injury occur? Jasper County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway 57 and Frisco crossing
Manner of injury Automobile — Railroad accident
Nature of injury Head severed and body mangled

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) A. A. Winchester, Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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X

STATEMENT BY LICENSED EMBALMER

I, Allen E. Langher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was not embalmed by me because of the mutilated condition (shipped in sealer casket)

No. ~~3574~~ or by, Registered Apprentice No.

working under my personal supervision.

Signed Allen E. Langher

Licensed Embalmer No. 3574

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.)