

REC'D JUN 20 1939

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

18365
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 190
(b) Township Kahoka Primary Registration District No. 1113 Registered No. 33
(c) City Kahoka (d) Street No. _____ 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

Laura S. Starr
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Preston Starr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1849

7. AGE YEARS 90 MONTHS 1 DAYS — If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hagerstown
(STATE OR COUNTRY) Maryland

FATHER 13. NAME Wm. Sherwin

14. BIRTHPLACE (CITY OR TOWN) Maryland
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rebecca Downs

16. BIRTHPLACE (CITY OR TOWN) Maryland
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Melvin Schnebly
Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka DATE May 28, 1939

19. FUNERAL DIRECTOR (NAME) Fred Charles
(ADDRESS) Kahoka Mo.

20. FILED May 29 39 J.R. Bridges
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1939 to May 27, 1939
I last saw h. _____ alive on May 25, 1939 Death is said to have occurred on the date stated above, at 10:15 AM
The principal cause of death and related causes of importance were as follows:

Senility
Date of onset _____
Other contributory causes of importance: Old age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J.R. Bridges M. D.
(Address) Kahoka Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1089

Date Filed 6-13-39

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.....

Licensed Embalmer No. 1023

P. O. Address Kalisto 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, above space should be left blank.