DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43794

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Wallace Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Richland - Mo (If outside city or town limits, write "RURAL")

(d) Street No. Genevieve Delivery (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Starright Josiah Null 400

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lilly Stafford

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec. (Month) 29 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	0	hr. min.

9. Birthplace Jefferson County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer 9

11. Industry or business 9

FATHER
12. Name unknown Null
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richland Mo.

(b) Address Mrs S. W. Craddock

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-39 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R B Teeple

(b) Address Richland Mo.

19. (a) 1430.39 (Date received local registrar) (b) J A McCourt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th year 1939 hour 4 PM minute M.

21. I hereby certify that I attended the deceased from Dec. 26, 1939, to Dec. 29, 1939; that I last saw him alive on Dec 29, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	
Due to	
Due to 59	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. Thompson (M. D. or other)

Address Lebanon - Mo Date signed 12/29/39

(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.

RECEIVED
District Health Officer No. 7
District File Number 1-40-11
Date Filed 1-10-40

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.

Not Embalmed

Signed.....

Licensed Embalmer No. 3198

P. O. Address Richland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.