

No. 2  
11-10-39  
5-17-39  
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FILED APR 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12694

Registration District No. 874

Primary Registration District No. 6151B

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Vernon  
(b) City or town Bronaugh  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home 31  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 years (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Laura Emaline Stark

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Elmer 6. (c) Age of husband or wife if alive  years \_\_\_\_\_

7. Birth date of deceased Apr. 3 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callston Iowa U.S.A.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

12. Name Wm. Edwards  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Johnson  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Sherrill  
(b) Address Bronaugh, Mo.

17. (a) Burial (b) Date thereof Mar 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Worsley Cem.

18. (a) Signature of funeral director Edwin Ferguson  
(b) Address Newburg Mo.

19. (a) April 6 (b) Mrs. N. G. Brown  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Bronaugh  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1939  
March 7<sup>th</sup> 1940 to March 7<sup>th</sup> 1940  
that I last saw her alive on March 7<sup>th</sup> 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the descending colon

Due to metastasis from uterine

Due to Lacerated cervix

Other conditions Emphysema  
(Include pregnancy within 3 months of death)

Major findings: Pathology Laboratory  
Of operations \_\_\_\_\_

Of autopsy none

Duration  
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 none

23. Signature J. R. Spill (M. D. or other)  
Address Liberal Mo. Date signed 3/9/40

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

18

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**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 E. King*

Licensed Embalmer No.

*2635*

P. O. Address

*Nevada, 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.**