

FILED MAY 17 1940  
Registration District No. 398

Primary Registration District No. 5554

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

1. PLACE OF DEATH:

(a) County Jackson *Blaine Twp*

(b) City or town Sugar Creek, Mo.  
(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) *2*

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 36 years  
years, months or days

3. (a) PRINT FULL NAME John Starks *362*

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife May Starks

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. 27, 1879  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cement Burner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown \_\_\_\_\_

13. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown \_\_\_\_\_

15. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant May Starks, Unknown

(b) Address Sugar Creek, Mo.

17. (a) Burial (b) Date thereof Apr. 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K.C., Mo.

19. (a) April 5-40 (b) J. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Sugar Creek, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Felton & Hains Sts.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4th  
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 29, 1940, to Apr 6, 1940  
that I last saw him alive on Apr 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to	Duration
<u>34</u>	
Other conditions <u>Cerebral Spinal Les.</u> (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? 360

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature William (M. D. or other) MA

Address 10307 Sudq Ave KCMO Date signed 4/4/40

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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.....

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, above space should be left blank.**