

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 63

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North Elm Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hours (Specify whether years, months or days)

8. (a) PRINT FULL NAME Price Stark Jr. 362

8. (b) If veteran, name war X X X 8. (c) Social Security No. X X X

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced X X X

6. (b) Name of husband or wife X X 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased April 24 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u> hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business Infant

12. Name Price Stark

13. Birthplace Charleston Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Calhoon

15. Birthplace East Prairie Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Price Stark
 (b) Address Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-40 (Month) (Day) (Year)
 (c) Place: burial or cremation Charleston, Mo;

18. (a) Signature of funeral director Lair-Nunnelee Service
 (b) Address Charleston, Missouri

19. (a) 4-29-40 (Date received local registrar) (b) J D Vernon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Charleston, Mo. (If outside city or town limits, write "RURAL")
 (d) Street No. North Elm St. (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
 year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Birth
 _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (7 mos.)

Due to _____

Due to _____

Other conditions PSA

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

7:45 (Specify type of place)
 While at work? _____ (a) Means of injury _____

23. Signature J. D. Vernon (M. D. or other)
 Address Charleston Mo Date signed 4/27/40

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

S. No. 2
11-10-39
5-17-39
X21492

57
3
1

RECEIVED

District Health Officer No. 2

District File Number 540-97

Date Filed 5/2/40

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.

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.