

SEP 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29414

Registration District No. _____

Primary Registration District No. 722

Registrar's No. 5953

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural Residents
(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)
(d) Length of stay: In hospital or institution 9
(Specify whether)
In this community 115
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town _____
(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.

3. (a) PRINT FULL NAME JOHN McClellan STARNES
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 22 1881
(Month) (Day) (Year)
8. AGE: Years 58 Months 11 Days 8
If less than one day hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1940 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from June 25 1940 to June 30 1940
that I last saw him alive on June 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer
Melanoma with
metastasis
Due to melanoma removed
from eye 1 yr ago
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
12. Name George Henry Starnes
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Caroline Fester
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Sylvia R. Orr
(b) Address Ashimatti, Iowa
17. (a) Andrei (b) Date thereof Aug 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Andrei
18. (a) Signature of funeral director Glynis E. Reut-Son
(b) Address Green City, Mo.
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy no
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 _____
23. Signature Emera Larsen (M. D. or _____)
Address Centerville, Iowa Date signed _____

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

MOTHER FATHER

*Dr E A. Larsen
Centerville, Iowa*

JUN 27 1951

RECEIVED

District Health Officer No. 10

District File Number 9-40-1775

Date Filed SEP 10 1949

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, fact should be so stated above.