

NOV 20 1940
Registration District No. **2761**

Primary Registration District No. **5755 K332** Registrar's No. **53**

6

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Olean, 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)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Lula Ann Starling

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Mar. 9 1860
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>80</u>	<u>7</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Home Aid

11. Industry or business _____

MOTHER { 12. Name Pinkney Miller

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

FATHER { 14. Maiden name Lucy A. McKinzie

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

16. (a) Informant Water Starling

(b) Address Olean, Mo.

17. (a) Burial (b) Date thereof Oct. 14th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olean Cem

18. (a) Signature of funeral director G.N. Steffens 445

(b) Address Russellville, Mo. 15

19. (a) Oct 14 1940 Belle Hayes (b) Belle Hayes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Olean
(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 Oct. day 13
year 1940 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from Sept 30, 1940 to Oct 13, 1940
that I last saw her alive on Oct 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System
Hemorrhage

Due to Nephrosia & Hypertension

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)
(a) Means of injury _____

23. Signature M. P. Collee (M. D. or other) _____
Address _____ Date signed 10/14/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Health Dept.
Permit No. 40-102
Date Filled 11/12/40

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 *G. M. Steffen*
Licensed Embalmer No. *# 2307*
P. O. Address *Russellville*

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.