

FILED JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42319

Primary Registration District No. 6336

Registrar's No.

1. PLACE OF DEATH:

- (a) County Dallas
 (b) City or town Buffalo, 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 _____
 In this community all her life (Specify whether
 years, months or days) 2

3. (a) PRINT FULL NAME Matilda Jane Starkey

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 married6. (b) Name of husband or wife Fredrick 6. (c) Age of husband or wife if alive 68 years7. Birth date of deceased January 11, 1876
(Month) (Day) (Year)8. AGE: Years 64 Months 11 Days 6 If less than one day _____ hr. _____ min.9. Birthplace Dallas County, Mo. (City, town, or county) (State or foreign country)10. Usual occupation house wife

11. Industry or business _____

12. Name Nathaniel Watkins13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name Miranda Hatfield15. Birthplace Missouri (City, town, or county) (State or foreign country)16. (a) Informant John Harrison
(b) Address Buffalo, Mo.17. (a) Burial (b) Date thereof Dec. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation grave well18. (a) Signature of funeral director Hutchinson & Co.
(b) Address Bohler, Mo.19. (a) 12-20-1940 (b) Mrs. W. S. Hemminger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dallas
 (c) City or town Rural
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 6 miles west Buffalo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1940 hour 8 minute 45 P.M.21. I hereby certify that I attended the deceased from Nov 19,
1940, to Dec 17, 1940
that I last saw her alive on December 10, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Diabetes Mellitus Duration 15 yrsDue to _____
Due to _____Other conditions Hypertension, Gangrene,
(Include pregnancy within 3 months of death)
Gangrene 3 monthsMajor findings: _____
Of operations: NoneOf autopsy: None22. 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?
220 (Specify type of place) _____
While at work? _____ (e) Means of injury _____23. Signature W. S. Hemminger (M. D. or other) _____
Address Buffalo, Mo. Date signed 12-18-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-41-2

Date Filed 1-41-2

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 _____

myself, Registered Apprentice No. _____,
working under my personal supervision.

Signed Bert Legan

Licensed Embalmer No. 3979

P. O. Address Bellevue, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42319

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 243

Primary Registration District No. 5336

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Jackson
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (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

Martha Jane Starkey

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
64 11 6

9. Birthplace Jackson Dallas Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation TUNAS

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-20-1940 (b) Mrs J N Sherwood
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

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 _____

23. Signature G C Plummer (M. D. or other)

Address Buffalo Mo Date signed _____

STATEMENTARY