

No. 2  
4-13-40  
5-17-39  
PI X23159

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1935

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 21

12  
7  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County BUTLER  
(b) City or town POPLAR BLUFF  
(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 —  
years, months or days

3. (a) PRINT FULL NAME LAWRENCE EUGENE STARK  
(b) If veteran, name war —  
(c) Social Security No. —

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased NOV. 29 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
— 1 9 hr. — min.

9. Birthplace POPLAR BLUFF MO  
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER  
12. Name EDDIE STARK  
13. Birthplace BUTLER Co. MO  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY SAYLORS  
15. Birthplace BUTLER Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie Stark  
(b) Address Hen Del Poplar Bluff Mo

17. (a) Burial (b) Date thereof Jan 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation city cem.

18. (a) Signature of funeral director M. J. Phelps  
(b) Address Poplar Bluff Mo

19. (a) 1/16/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County BUTLER  
(c) City or town So. POPLAR BLUFF  
(If outside city or town limits, write "RURAL")  
(d) Street No. HENRY ST  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 9  
year 41 hour 12 minute 15 a. M.

21. I hereby certify that I attended the deceased from 1-8, 1941, to 1-9, 1941  
that I last saw him alive on 1-8-, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Pertussis

Due to —

Other conditions —  
(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? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature M. J. Phelps (M. D. or other) —  
Address Poplar Bluff Mo Date signed 1/9/41

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

*A. J. Phelps*

Licensed Embalmer No. *3231*

P. O. Address

*Caplan Bluff 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, fact should be so stated above.**