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23159

LED MAR 14 1941

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether)

In this community 28 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Dulton, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 731 Vine
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Norman Stark

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1941 hour 5 minute 57 P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Feb 3, 1941, and that I last saw him alive on Feb 3 - 1941, and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased: May (Month) 20 (Day) 1940 (Year)

Immediate cause of death: Broncho-pneumonia

Due to Whooping cough

Duration 16/41

Due to 9

Other conditions: Infective colitis

8. AGE: Years Months Days If less than one day

0 8 13 hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER { 12. Name Golden W. Stark

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

14. Maiden name Lorena Davenport

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

Major findings: Of operations — — — — —

Of autopsy — — — — —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant Golden W. Stark

(b) Address 731 Vine, Dulton, Mo.

17. (a) Removal (b) Date thereof Feb 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo.

18. (a) Signature of funeral director Leo H. Wallace

(b) Address Dulton, Mo.

19. (a) 2-6-41 (b) D. B. Johnson
(Date received local registrar) (Registrar's signature)

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? — — — — —
(Specify type of place) (e) Means of injury

23. Signature S. B. Cause (M. D. or other) MD

Address Jefferson City Mo. Date signed 2/14/41

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

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.....

Harold J. Christey

Licensed Embalmer No. *4002* ✓

P. O. Address *Quinton, 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.