DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7025

FILED MAR 17 1941

Registration District No. 334 — Primary Registration District No. 4197 — Registrar's No. 10

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Bethany Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four Days (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison

(c) City or town New Hampton Rural (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 Dee Starmer

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Inez Starmer

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Aug (Month) 2 (Day) 1894 (Year)

8. AGE: Years 46 Months 5 Days If less than one day hr. min.

9. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Ranson Starmer
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Cordelia Spillman
15. Birthplace Worth County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs Inez Starmer

(b) Address New Hampton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Cogar Cemetery

18. (a) Signature of funeral director W G Noble

(b) Address New Hampton MO

19. (a) 2/3/41 (Date received local registrar) (b) A. L. Wessling (Registrar's signature) By Zola M. Burris

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1941 hour 11 minute 41 A. M.

21. I hereby certify that I attended the deceased from Dec 29, 1940, 1940, to Jan 2, 1941; that I last saw him alive on Jan 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	1 week
Due to Ruptured appendix	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations Generalized peritonitis
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. R. Lydden (M. D. or other) D

Address Bethany Mo Date signed 2-3-41

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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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 W G Noble, Registered Apprentice No.....,
working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address Newtonsville 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.