

FILED MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14488
Registrar's No. 12342

Registration District No. 309

Primary Registration District No. 4185

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Elisha Stark

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Missouri Jane Norris 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 9 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Franklin Stark
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lucille Marshall
15. Birthplace De Kalb County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charence Stark
(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof Jan. 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director blufford Brooks
(b) Address Albany, Missouri

19. (a) June 4 1946 (b) W. G. Martin
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1941 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 1941, to Jan 2, 1946,
that I last saw him alive on Jan 2, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction
Due to _____
Due to _____

Other conditions Heart trouble
(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? 281

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

23. Signature J. N. Barger (M. D. or other) 0
Address Albany, Mo Date signed 1-3-44

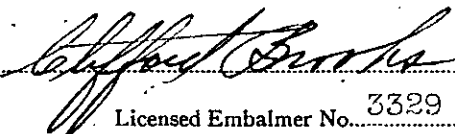
(Licensed Embalmer's Statement on Reverse Side)

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

Signed



Licensed Embalmer No. 3329

P. O. Address Albany, 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.