

SEP 19 1941
Registration District No. 180

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20254
Registrar's No. 48

Primary Registration District No. 6028

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

3000

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town Rural - Jackson TWP
(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 11 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve
(c) City or town Rural - Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Edward Thomas Starr

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

20. DATE OF DEATH: Month Aug day 21 year 1941 hour 6 minute 15 P. M.

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Starr 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan 1, 1882
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy Duration 1 day
Due to Arterio Sclerosis 1 yr.

8. AGE: Years 59 Months 8 Days 20 If less than one day hr. _____ min. _____

9. Birthplace SPENCER COUNTY, KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Due to _____
Other conditions (include pregnancy within 3 months of death) ASA

MOTHER FATHER

11. Industry or business _____
12. Name THOMAS STARR
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name MARY ERNSPIKER
15. Birthplace KENTUCKY
(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 MARGARET STARR
(b) Address DANBY, MISSOURI

17. (a) BURIAL (b) Date thereof Aug. 25-41
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN CEMETARY

18. (a) Signature of funeral director Am. O. Mayhew

(b) Address 1926 Allen - St. Hann., Mo.

19. (a) Aug 23/41 (b) T.W. Douglas
(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? _____

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

23. Signature Arthur E. Sencer (M. D. or other) M.D.
Address St. Genevieve Mo. Date signed 8-22-41

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..... *Benj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address..... *1926 Allen*

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.