

FILED OCT 22 1941

Registration District No. **197**

Primary Registration District No. **5276**

Registrar's No. **46**

1. PLACE OF DEATH:

(a) County Clay  
 (b) City or town Rural -- Gallatin  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rt 8 North Kansas City  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 14 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missour (b) County Clay  
 (c) City or town Rural -- North K. C.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route #8  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **NELLIE MAY STARKS**

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife John W. Starks 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased April 6, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	20	.....hr. ....min.

9. Birthplace Holt County, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Spencer Bentley

13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen O'Neill

15. Birthplace Clay County, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Chelsea Hendrix

(b) Address Atchison, Kansas

17. (a) Removal (b) Date thereof 9-29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn, St. Joseph

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) 9-27-1941 (b) John D. Morton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26  
 year 1941 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from CORONER to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

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) Coronary Occlusion

(b) Date of occurrence 9-26-41

(c) Where did injury occur? P.R.D. N-152 Ins.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

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

23. Signature Rev. Prother Coroner (M. D. or other) \_\_\_\_\_

Address Epeloir Springs Mo Date signed 9-27-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-21-41

**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.....

**Harold L. Posson**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. **3605**

P. O. Address **North K. C. Mo.**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**