

Registration District No. 309

Primary Registration District No. 4189

Registrar's No. 44

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 Missouri Jane Stark

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elisha Stark 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 22 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 22 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

- MOTHER FATHER { 12. Name Samuel Norris
13. Birthplace Unk. Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Letitia Jump
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Stark
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Grandview

18. (a) Signature of funeral director [Signature]
(b) Address Albany, Mo.
19. (a) Sept 19, 1941 (b) W. E. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Gentry 38
(c) City or town Albany
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 14 to Sept 14 1941
that I last saw h. er. alive on Sept 14 1941
and that death occurred on the date and hour stated above.

- Immediate cause of death Thyphoid fever 2 wks
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) _____
(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 J. N. Barger (M. D. or other)
Address Albany, Mo. Date signed _____

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

C. Alfred Brooks

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.