

JAN 16 1942

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:  
**St. Johns Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 Days**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R # 3 Joplin**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elmer Starchman**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Ethel**

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

7. Birth date of deceased **June 4 1891**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	6	8	_____ hr. _____ min.

9. Birthplace **Little Rock / Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **None**

MOTHER FATHER {

12. Name **Roy Starchman**

13. Birthplace **Indianapolis / Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Mitchell**

15. Birthplace **Unknown / Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel Starchman**

(b) Address **R# 3 Joplin Mo.**

17. (a) **Burial** (b) Date thereof **Dec 15 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Messer Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **12-15-41** (b) **Ed Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12**  
year **41** hour **2** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **12/5/41** to **12/12/41**, 19\_\_\_\_; that I last saw him alive on **12/11/41**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Chronic Bilateral Pulmonary tuberculosis with cavitation**

Due to **Chronic Silicosis Secondary Anemia with Pulmonary Hemorrhage**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations **1361**

Of autopsy \_\_\_\_\_

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 **0**

23. Signature **Walter Howard** (M.D. or other) **MD**  
Address **Joplin Mo** Date signed **12/14/41**

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

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

Signed: John D. Batchelder  
Licensed Embalmer No. 4153  
P. O. Address: Carthage 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.