

FILED MAR 20 1942

Registration District No. 820 Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Maryville
(c) Name of hospital or institution: 204 West 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 204 West 9th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY JOSEPHINE STARK

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 19, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Brookfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Joseph Stark

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

14. Maiden name Schaefer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Gilbert

(b) Address 204 West 9th St.

17. (a) Burial (b) Date thereof Jan 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

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

(b) Address Maryville Mo.

19. (a) 1-9 (b) 1942 Marie E. Clardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1942 hour 7 minute 50 a. A.M.

21. I hereby certify that I attended the deceased from Sept 29
1939 to Jan 28 1942
that I last saw him alive on _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations _____
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 D

23. Signature W.R. Jackson (M. D. or other)
Address Maryville, Mo. Date signed 1-7-42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

74
1
2

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..... *Clayton M. Price*

Licensed Embalmer No. *1822*

P. O. Address..... *Maryville 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.