

FILED JUN 22 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5656

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

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Central Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 50 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1942 hour 12 minute 00 A.M.  
21. I hereby certify that I attended the deceased from April 9  
1942 to May 1, 1942  
that I last saw him alive on May 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Heart Failure  
(Acute Myocarditis)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Stasis Pneumonia  
(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) \_\_\_\_\_ (Country) \_\_\_\_\_ (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 Paul Stilleman M.D. (M.D. or other)  
Address Wright City, Mo Date signed 5/3/42

3. (a) PRINT FULL NAME MARTZ GREEN STARKEY

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 2 divorced Widowed

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

7. Birth date of deceased Aug 7 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Starkey  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Rutter  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Starkey

(b) Address 2239 N. Monroe

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

(c) Place: burial or cremation metcal Cemetery

18. (a) Signature of funeral director Wayne D. ...

(b) Address Tray

19. (a) June 1-42 (Date received local registrar) (b) Mrs. May Jackson (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**