

FILED JUN 13 1942

State File No.

Registration District No. 1147

Primary Registration District No. 5698

Registrar's No. 12

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Pineville Twp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 60
(c) City or town (If outside city or town limits, write "RURAL.") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gene Arthur STARR

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased May 1 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 hr. min.

9. Birthplace Pineville Twp. MO
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business

12. Name Frank Starr

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

14. Maiden name Matilda Davis

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

16. (a) Informant Frank Starr

(b) Address Anderson Mo R 3

17. (a) (b) Date thereof May 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Cemetery

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

(b) Address Anderson Mo.

19. (a) (b) (Date received local registrar) (Registrar's signature) 1203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-12-42
1942 to 5-15 1942

that I last saw h.i.m. alive on 5-15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA Duration 10 days

Due to COMPLICATION of MEASLES of MOTHER AT BIRTH

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature P. P. ROBERTS (M. D. or other) D. O.

Address Date signed

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 642-842

Date Filed JUN 11 1942

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18426

Registration District No. 1149

Primary Registration District No. 5698

Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Aural
(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)

3. (a) PRINT FULL NAME

Gene A. Starr

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex M

5. Color or
race W

6. (a) Single, widowed, married,
divorced S

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

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

7. Birth date of deceased May 1 1942
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day
..... min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a).....
(Burial, cremation, or removal)

(b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a).....
(Date received local registrar)

(b).....
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Prueville Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day.....
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....
that I last saw him..... live on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

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 sta-
tistically.

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

