V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21020

State File No.

Registration District No. 241 Primary Registration District No. 5341 Registrar's No. 31

30
0
0

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town "Rural" Sherman Twp.
(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 All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D.2 Urbana
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fredrick Walters Starkey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Sept. (Month) 9 (Day) 1872 (Year)

8. AGE: Years 69 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Dallas County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Starkey
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Coffman
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Walter E Starkey
(b) Address R.F.D.2 Urbana, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Vaughan & Reser
(b) Address Urbana Mo.

19. (a) 7/3/42 (Date received local registrar) (b) Helen Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
year 1942 hour 3:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1942, 19 to 7-3 1942
that I last saw him alive on May 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio Renal disease with hypertension	DK
Due to Arterio Sclerosis	DK
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

131a

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 0

23. Signature G C Plummer (M. D. or other) MD.
Address Buffalo Mo Date signed 7-3-42

1089 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-733
Date Filed 7-10-42

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. 3053

P. O. Address Warsaw, 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.