

FILED JUL 10 1942

Registration District No. 692 691

Primary Registration District No. 4919B 4413

Registrar's No. 4

83
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Cameron Point Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
years, months or days) (Specify whether

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Cameron Point Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Sallie M. Starks

3. (b) If veteran, name war none

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 26th 1942 to June 4th 1942
that I last saw her alive on June 4th 1942
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased: May 30 - 1859
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage Duration 3 days

Due to: arteriosclerosis and hypertension 2 years

Due to:

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

83 2 4

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83a!

Of operations

Of autopsy

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

9. Birthplace: Platte Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Alexander Pope

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

14. Maiden name Mary Ann Fisher

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

16. (a) Informant Miller & Starks

(b) Address 3232 Penn, Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 5 42
(Month) (Day) (Year)

(c) Place: burial or cremation Plymont Ridge Cemetery

18. (a) Signature of funeral director Deason

(b) Address Deason Mo.

19. (a) June 5th 1942 (Date received local registrar) (b) Mrs. Clay Liffie (Registrar's signature)

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 S. L. Dushall (M. D. —)
Address Deason Mo. Date signed 6-5-42

RECEIVED

District Health Officer No. Platte

District File Number 7-42-54

Date Filed 7-7-42

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 Leiman Davis

Licensed Embalmer No. 4160

P. O. Address Deerborn 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.