V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed OCT 5 1942

Registration District No. 208

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30852

Primary Registration District No. 5761

Registrar's No. 62

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

64 0 0

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community: 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Liberty Township
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Henry Clay Stark
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louise Gottman
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: April 12., 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	8	____ hr. ____ min.

9. Birthplace: Palmyra, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Farming
11. Industry or business: ____
FATHER
12. Name: George Stark
13. Birthplace: Germany (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Martha Tennel
15. Birthplace: No record (City, town, or county) (State or foreign country) 9
16. (a) Informant: Henry Stark
(b) Address: Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: Lewis Bros
(b) Address: Palmyra, Mo.
19. (a) 9/23/42 (Date received local registrar) (b) Mrs Margaret Madden Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sepyember day 20 year 1942 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from 9/18 1942 to 9/19 1942 that I last saw him alive on 9/19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to Cerebral hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death) 0	
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: J. H. Hall (M. D. or other) MD
Address: Palmyra Mo Date signed 9/21/42

1114 (Licensed Embalmer's Statement on Reverse Side)

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 Geo B. Lewis

Licensed Embalmer No. 2382

P. O. Address Columbia 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.