

FILED MAR 8 1943

Registration District No. 216

Primary Registration District No. 6072

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

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1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural Pendleton Jmo
(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 years, months or days)

In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. R. R. 3
(If rural, give location)

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

3. (a) PRINT FULL NAME Plumber Marvin Starnes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased 3 3 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Trucker

11. Industry or business Hauling

12. Name Columbious Starnes

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

14. Maiden name Amanda Hall

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

16. (a) Informant Mrs. Ollie Starnes

(b) Address R. R. 3 Farmington, Mo.

17. (a) Burial (b) Date thereof 2-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K. J. P. Conroy, Farmington, Mo.

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

(b) Address Farmington, Mo.

19. (a) Feb. 3, 1943 (b) Byrdie Buchmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1943 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Feb. 1, 1943
that I last saw him alive on Feb. 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis & acute pulmonary edema thro.

Due to Coronary Disease & hypertension

Due to _____

Other conditions gla
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Geo. L. Watkins (M. D. or other)
Address Farmington, Mo. Date signed 2-2-43

Duration _____

Physician _____

Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Officer No. 4

District File Number 343-1858

Date Filed 3-5-43

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

Chas. Richardson

Licensed Embalmer No.

3167

P. O. Address

Farmington, Md.

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.