

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Farmount, Pinal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 822 Hardy - 1  
(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) 82 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Pinal - Farmount, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 822 Hardy  
(If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL KINGSLEY STARK

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1943 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1940 19..... to..... 19.....  
that I last saw him alive on 2-28-43 19.....  
and that death occurred on the date and hour stated above

4. Sex male 5. Color or White

6. (a) Single, widowed, married 1 married

6. (b) Name of husband or wife Lillie Lee Stark 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec 29 - 1860  
(Month) (Day) (Year)

Immediate cause of death Prot. Scler. Heart diseased Duration \_\_\_\_\_

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

82 1 29 hr. min.

Due to 936

9. Birthplace Vernon Co, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

Other conditions Cerebral Accident 1929?  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name John J. Stark

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

14. Maiden name Elijah and Thomas

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Lillie Lee Stark

(b) Address 822 Hardy 2/2/43

17. (a) None (b) Date thereof 2/2/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly, Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) 3-1-1943 (b) James Ross  
(Date received local registrar) (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 Robert M. Myers (M. D. or other) M.D.  
Address 1025 Qualls Bldg Date signed 3-1-43

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

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**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 Dean Kerfoot

Licensed Embalmer No. 2467

P. O. Address Indep. 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.