

FILED OCT 7 1943/07
Registration District No.

Primary Registration District No. 5422

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community 5 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Dunklin
(c) City or town Not Known
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT TENDLE STARNES,
FULL NAME

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, undivorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased February 13 1886
(Month) (Day) (Year)

8. AGE: 57 Years Months 2 Days 16 If less than one day hr. min.

9. Birthplace Rd 1 Bridget Dunklin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Will Starnes
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Martha Fritz
15. Birthplace Dunklin Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J O Hall
(b) Address Kennett Mo R 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director J O Hall

(b) Address Kennett Mo R 1

19. (a) 9-1-43 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1943 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 1
1943 to April 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
36 hrs

Due to Arterio Sclerosis and Hypertension

Due to Co

Other conditions: J O
(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 2

23. Signature George Ginnon (M. D. or other) DO
Address Kennett 7110 Date signed 5-12-43

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

WRITE PLAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 1043-1242

Date Filed 10-5-48

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.....
As Superintendent of the County Farm Registered Apprentice No.....
working under my personal supervision. *was buried by the County.*

Signed *J O Hall*
Licensed Embalmer No.....

P. O. Address *Kennett*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 713

1. PLACE OF DEATH

(a) County Dunklin

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

(c) Name of hospital or institution: County home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Jendle Stamer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 13 1902
(Month) (Day) (Year)

8. AGE: Years 37 Months 2 Days 1 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-1-43 (b) Julia Blank ush...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and the death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

31581