

No. 2
-2.43
-17.39
X35697

Dr Loveland

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42681

FILED JAN 3 1944

State File No. _____

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 675

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1321 Missouri Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1221 Mo. Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Wesley Starckman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 8
year 1943 hour 6 minute 15P M.
21. I hereby certify that I attended the deceased from 12-3 1943 to 12-8 1943;
that I last saw him alive on 12-8 1943;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) ✓ 1381

7. Birth date of deceased Aug 16 1909
(Month) (Day) (Year)

Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 34 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation zinc & lead miner

11. Industry or business _____

12. Name Roy Starckman

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

14. Maiden name Metal Goodwin

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

16. (a) Informant Willie Starckman
(b) Address 1221 Mo Ave

17. (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thornhill Wilson
(b) Address 421 + Wald St

19. (a) 12-13-43 (b) Quintus Rudhalter
(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 Dr Loveland (M. D. or other) _____
Address Joplin Mo Date signed 12-11-43

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

MOTHER FATHER

20

(Licensed Embalmer's Statement on Reverse Side)

49-12-1022

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 *Celia Mombello*

Licensed Embalmer No. *3590*

P. O. Address *Japan 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.