7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43053

Registration District No. FILED JAN 12 1944 Primary Registration District No. 3043 Registrar's No. 376

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: 1113 Church St
(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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

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

(d) Street No.: 1113 Church St.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: William Franklin Starr

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Maude C

6. (c) Age of husband or wife if alive: 97

7. Birth date of deceased: Aug (Month) 9 (Day) 1873 (Year)

8. AGE: Years 70 Months 3 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Barber

11. Industry or business: ____

FATHER
12. Name: Benj Starr
13. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Margaret Garnett
15. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Maude Starr
(b) Address: Hannibal, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation: New London Mo Barkley Cemetery

18. (a) Signature of funeral director: James O Donnell
(b) Address: Hannibal Mo

19. (a) 12/13/43 (Date received by local registrar) (b) R W Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1943 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11-24, 1943, to 11-30, 1943 that I last saw h. alive on 11-30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Asthma	2 Days
Due to: —	
Due to: —	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations: —
Of autopsy: —

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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: J. C. Phillips (M. D. or other) M.D.
Address: 509 Broadway Date signed: 12-6-43
Hannibal, Mo

1146 (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 Michael O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.