

No. 2  
-5-42  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

76096

FILED FEB 16 1944

State File No. ....

Registration District No. 175

Primary Registration District No. 5650

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Verona Route 1, Spring Pl  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
North of Verona / Trip  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community 50 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Verona Mo, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 north Verona  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Stark

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

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married: Divorced Single

6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept 22 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Theobald Stark

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

14. Maiden name Elizbeth Cook

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

16. (a) Informant Mrs Tom Mc Nerney

(b) Address Verona Mo, Route 1.

17. (a) Burial (b) Date thereof 1/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacret Heart Verona Mo

18. (a) Signature of funeral director A. W. H. Marshall

(b) Address 229 W. Church St. Verona

19. (a) 1-20-44 (b) Ernie D. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1944 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from  
Dec. 15 1943 to Jan 18 1944  
that I last saw him alive on Jan. 18 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Due to Nephritis

Due to Ascending infecting from carcinoma of bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 52 p.

Of autopsy

Duration

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?

(Specify type of place) (e) Means of injury.....

23. Signature F. Avery Watson (M. D. or other) DO

Address Verona, Mo Date signed 1-20

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

MOTHER FATHER

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 244-191

Date Filed FEB 12 1944

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.....

Myself....., Registered Apprentice No.....  
working under my personal supervision.

Signed Osman L. Stank

Licensed Embalmer No. 3812

P. O. Address Quora Mo

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

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