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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14394

FILED MAY 5 1944

Registration District No. 57

Primary Registration District No. 5222

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME MARY PEARL STARK

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female | 5. Color or race white

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

6. (b) Name of husband or wife James B. Stark

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug 28 1887  
(Month) (Day) (Year)

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

56 7 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

MOTHER FATHER

12. Name Thomas M. Hook

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

14. Maiden name Mary Margaret Bentley

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

16. (a) Informant James B Stark

(b) Address Freeman Mo.

17. (a) Freeman Mo. (b) Date thereof April 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo.

18. (a) Signature of funeral director Geo. E. Myers

(b) Address Cheverland Mo.

19. (a) April 20 1944 Margaret Telle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Rural  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th  
year 1944 hour SIX minute 45 M.

21. I hereby certify that I attended the deceased from November 5th, 1942, to April 7, 1944  
that I last saw h. or a. alive on April 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to advanced arteriosclerosis of heart disease with coronary involvement

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 Paul H. Green (M. D. or other) D.O.  
Address Harrisonville, Mo. Date signed Apr. 15 1944

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 Geo. E. Myers

Licensed Embalmer No. 25-67

P. O. Address Cleveland, Ohio

**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.**