

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34689
Registrar's No. 130

FILED NOV 13 1944
Registration District No. 07

Primary Registration District No. 3060

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
JUN 16 1945

1. PLACE OF DEATH:
(a) County Lickingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 618 First St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Charles R Starberry
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 Josephine Starberry
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 2 - 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 18 — hr. — min.

9. Birthplace Eversonville Mo. - 0
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe

11. Industry or business
12. Name Martin Starberry
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Emaline Leary
15. Birthplace Mo. - 0
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Starberry
(b) Address Chillicothe Mo. -

17. (a) Burial (b) Date thereof Oct. 23 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director James D. Jordan 1876
(b) Address Chillicothe Mo

19. (a) Oct 23 (b) Lou Ella Corry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lickingston
(c) City or town Chillicothe 59
(If outside city or town limits, write "RURAL")
(d) Street No. 618 First
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20th
year 1944 hour five minute 10 P. M.
21. I hereby certify that I attended the deceased from Sept 26
1944, to Oct 20, 1944
that I last saw him alive on Oct 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Ante-mortem

Due to _____
Due to 13 ft

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:
(c) 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 W. H. ... M. D. or other _____
Address Chillicothe Mo. Date signed 10-23-44

JUN 16 1949

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.....

James H. Gordon

Licensed Embalmer No. *1870*

P. O. Address. *Lehitticott M.*

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.