

FILED AUG 28 1945

Registration District No.

Primary Registration District No. 5289

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural (Gallatin) Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #8 North Kansas City Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
(Specify whether years, months or days)
In this community 4 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town #8 Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. #8 North Kansas City Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME C W Starina

3. (b) If veteran, name war World War #1 3. (c) Social Security No 513-10-9395

4. Sex M 5. Color or race WHT 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Iva B Starina 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb 5 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 5 hr. min.

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

10. Usual occupation Machinist

11. Industry or business Pratt's Whitney

12. Name Anton Starina

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

14. Maiden name Carolina Dabber

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

16. (a) Informant Mrs Iva B Starina

(b) Address #8 North Kansas City Mo

17. (a) Burial (b) Date thereof 9-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Rudera Hom

(b) Address North Kansas City Mo

19. (a) Aug 13 1945 (b) Rush T. Harry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Coroner's Case
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings Coroner's Case

Of operations

Of autopsy

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)

23. Signature John A. ... (M.D. or other) Coroner

Address North Kansas City Mo (Date signed) 8/10/45

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

MOTHER FATHER

1021

DEC 30 1947

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-16-45

AUG 23 1945

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 *John Smiley*
Licensed Embalmer No. *4349*

P. O. Address.....

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.