

FILED OCT 22 1945

State File No.

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 581

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Rural 3rd creek township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME James A. Starnes
 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 Getta Starnes 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace unknown G
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown G
 { 13. Birthplace Unknown G
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown G
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Getta Starnes
 (b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 9-9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation nuncy Cemetery

18. (a) Signature of funeral director Culver Funeral home
 (b) Address Cassville, Missouri

19. (a) Oct 3 - 1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry 5
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th
 year 1945 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from May
1942 to Sept. 05 1945;
 that I last saw him alive on Sept 5 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Due to Hypertension +

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy GB

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?

While at work? _____
(Specify type of place) (e) Means of injury?

23. Signature W R M. Clive (M. D. or other) P. O.
 Address Cassville, Mo. Date signed 9-21-45

10707

RECEIVED

District Health Officer No. 6,

District File Number 1043-1051

Date Filed OCT 18 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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.