

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

51
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FILED JAN 9 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41574
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 1168
 (b) Township Jefferson Primary Registration District No. 5610 Registered No. 51
 (c) City Paris (d) Street No. _____ St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME IDA MAY STARK

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Johnson County (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow 31

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-13 19 46

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from home 1945 to Dec 13 1946
 I last saw her alive on Dec 13 1945 Death is said to have occurred on the date stated above, at 1:38 p.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 11 7

Older Valvular Disease
 Date of onset _____
 Other contributory causes of importance: good

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) General Creek, Ill.

FATHER 13. NAME John T. Hushman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Dorinda Weaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Mark Starnes Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parish Oak Woods DATE Dec 13 1946

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. L. Sauls Knob Hostet. Mo.

20. FILED Dec 17 1946 Mrs. Mamie O'Heaver Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) C. L. Sauls M. D.
 (Address) Knob Hostet. Mo.

R.

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,

C. L. Saults

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

C. L. Saults

Licensed Embalmer No.

1046

P. O. Address.....

Knob Noster

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, above space should be left blank.