S. No. 2
M—5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1946

State File No. 1782

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 314

1260

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 34 E. 32th St. Terr. 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 5 months - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11

(c) City or town Rushville Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME NETTIE STARMER

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex FE 1

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW 4

6. (b) Name of husband or wife CHAS. N. STARMER

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

7. Birth date of deceased APRIL (Month) (Day) 1863 (Year)

8. AGE: Years 82 Months 9 Days If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name WILLIAM HOWARD 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown BROWN
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Georgia D. Ferril
(b) Address 34 E. 32nd St. Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rushville Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address K.C. Mo. —

19. (a) 1-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1/1 — 1945, to 1/18 1946 that I last saw her alive on 1/18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Sclerosis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration 2 months

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) None

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature John D. Paul (M. D. or other)

Address 16-E-11th Date signed 1/18-46

(Licensed Embalmer's Statement on Reverse Side)

Waldheim Bldg.
85
V1-8592

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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.