No. 2
-8-43
17-39
X37823

6-29-46.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21102

FILED JUN 26 1946

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 92

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 6 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1108 Bishop Ave. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothy Stark
3. (b) If veteran, name war World War II
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 9 (Day) 1913 (Year)
8. AGE: Years 33 Months 2 Days 4 If less than one day hr. min.
9. Birthplace Vermont (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Stenographic Work
11. Industry or business
MOTHER FATHER
12. Name Minor Stark
13. Birthplace Frankfort (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name Mary Reed
15. Birthplace Fidelity (City, town, or county) Ill. (State or foreign country) 1
16. (a) Informant Mrs Ray S. Rucker
(b) Address Rolla, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery
18. (a) Signature of funeral director Alfred L. Smith
(b) Address Rolla, Mo.
19. (a) June 17, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from June, 1945 to June 13, 1946 that I last saw h. alive on June 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of breast & metastasis to bone.	1½ yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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:
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature E. E. Farrell M.D. (M. D. or other)
Address Rolla Mo. Date signed 6-14-46

252 (Licensed Embalmer's Statement on Reverse Side)

JUN 26 1946

AUG 19 1946

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 [signature]

Licensed Embalmer No. 3643

P. O. Address Rolla, Mo.

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.

No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 92

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Dorothy Stark
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr. (Month) 9 (Day) 1913 (Year)
8. AGE: Years 33 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation
11. Industry or business Stenographic work
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) July 25 1946 (Date received local registrar) (b) Mrs Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June 3 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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:
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY 1/3

AUG 19 1946

21102