

S. No. 2
FORM-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29529

State File No. _____
Registrar's No. 225

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
509 N. Williams St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 509 N. Williams St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELMER ULLEN STARNES
 3. (b) If veteran, name war None 3. (c) Social Security No. None
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mollie Baker Starnes
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 7 - 17 - 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 11
 year 1946 hour 3 minute 40 A.M.
 21. I hereby certify that I attended the deceased from Sept 9, 1946
 _____, 19____, to Sept. 11, 1946
 that I last saw him alive on Sept. 11, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 24
 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral aneurysm (ruptured) right artiodorsal cord
 Due to _____
 Duration HRK
 Due to _____

9. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

Other conditions 83A
(Include pregnancy within 3 months of death)

10. Usual occupation Caretaker for Stephens College
 11. Industry or business _____
 MOTHER FATHER { 12. Name Levi Thomas Starnes
 13. Birthplace Missouri
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mollie Starnes
 (b) Address 509 N. Williams, Columbia, Mo.
 17. (a) Burial (b) Date thereof 9-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbia Cemetery

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) (a) Means of injury _____

18. (a) Signature of funeral director Parson Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 9-14-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

23. Signature James M. Palmer M.D. or other _____
 Address Columbia Mo. Date signed Sept 11, 1946

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

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2
4

28365

37

RECEIVED
District Health Officer No. 9
District File Number ~~9-46-130~~
Date Filed ~~9-16-46~~

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 Tom M. Harg
Licensed Embalmer No. 4067
P. O. Address Columbia, 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.