

FILED NOV -7 1946
Registration District No. **S 55**

Primary Registration District No. **4659**

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

1. PLACE OF DEATH:

(a) County **Texas**
(b) City or town **Hartsborn, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home!**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **all of life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Texas**
(c) City or town **Hartsborn**
(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 **MARtha ELIZABETH STARK**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Sylvester Stark** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 16th 1873**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Shannon Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **John Riley**
13. Birthplace **Shannon Co., Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Morland**
15. Birthplace **Texas Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H.R. Pendland**

(b) Address **Hartsborn, Mo.**

17. (a) **Burial** (b) Date thereof **9/22/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or, cremation **ANTIOCH**

18. (a) Signature of funeral director **Hayley Elliott**

(b) Address **Houston, Mo.**

19. (c) **Sept 26 1946** (d) **Mrs C E mur**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **20**
year **1946** hour **12:00** minute **50** P.M.
21. I hereby certify that I attended the deceased from **JAN 4**
1945 to **SEPT. 6**, 19**46**
that I last saw **AR** alive on **SEPT 6**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **APoplexy**
Due to **arterial hypertension**
Due to **interstitial nephritis**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **131A**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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? _____ Means of injury _____
23. Signature **Dr. Laure Hampton** (M. D. or other) _____
Address **Summersville** Date signed **Sept 27**

RECEIVED

District Health Officer No. 5,

District File Number 1046293

Date Filed 11-4-46

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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 at