

Registration District No. 242

Primary Registration District No. 4362

State File No. \_\_\_\_\_

Registrar's No. 17

**1. PLACE OF DEATH:**  
 (a) County New Madrid  
 (b) City or town Morehouse  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
No Number /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County New Madrid 72  
 (c) City or town Morehouse  
(If outside city or town limits, write "RURAL")  
 (d) Street No. No number  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

**3. (a) PRINT FULLNAME ANNA V. STARKS**

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

**4. Sex F / **5. Color or race W** **6. (a) Single, widowed, married, divorced Married****

**6. (b) Name of husband or wife. Frank Starks** **6. (c) Age of husband or wife if alive. 67 years**

**7. Birth date of deceased. February 1 1881**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>65</u>	<u>8</u>	<u>26</u>	hr. _____ min.

**9. Birthplace Polk County Ill.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation. Housewife**

**11. Industry or business \_\_\_\_\_**

**12. Name G.B. Williams** 9

**13. Birthplace Unknown**  
(City, town, or county) (State or foreign country)

**14. Maiden name Sarah Gibbs**

**15. Birthplace Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant Frank Starks**

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

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof. 10/29/46**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation. Sikeston, Mo.**

**18. (a) Signature of funeral director. Taylor Funeral Home**

**(b) Address Sikeston, Missouri**

**19. (a) Nov 27 1946** (Date received local registrar) **(b) Thomas Shuter**  
(Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH: Month Oct. day 27  
year 1946 hour two minute 10 A.M.**

**21. I hereby certify that I attended the deceased from 10-1  
1946, to 10-27, 1946  
that I last saw her alive on 10-27, 1946  
and that death occurred on the date and hour stated above.**

Immediate cause of death Ch. myocarditis 1 year

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations

Of autopsy 97D

**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? At home (Specify type of place)  
(e) Means of injury fall

**23. Signature Dr. J. M. Starks M.D.** (M. D. or other)  
Address Morehouse, Mo. Date signed 11-27-46

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

MOTHER FATHER

28-0

RECEIVED

District Health Office No. \_\_\_\_\_

District File Number 1146-13

Date Filed 11-29-46

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**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.....

*James M. Scott*

Licensed Embalmer No. 4350

P. O. Address East Prairie,

**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.**