. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

744

State File No.

Registration District No. 119 Primary Registration District No. 4192 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Morrison
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Morrison 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John H Starke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Mary Starke

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec 8 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	9	hr. min.

9. Birthplace Morrison Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Louis Starke
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Reymer
15. Birthplace Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Starke
(b) Address Cedar City Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-20-47
(Month) (Day) (Year)
(c) Place: burial or cremation Morrison

18. (a) Signature of funeral director Arnold Hummert
(b) Address Morrison Mo

19. (a) 1/19/47 (Date received local registrar) (b) O A Mandeville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 17 day 7 year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1/6/45, 19, to 1/17/47, 19; that I last saw him alive on 1/17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: PERIPHERAL CIRCULATORY COLLAPSE	MINUTES
Due to: INTRACRANIAL HEMORRHAGE (MASSIVE)	MINUTES
Due to: ARTERIOSCLEROSIS WITH HYPERPIESIA	MANY YEARS

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? no (e) Means of injury 2

23. Signature L.E. Vonbrecht (M. D. or other) DO

Address Morrison Mo Date signed 1/18/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 2-10-47

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 .....

Licensed Embalmer No. .....

P. O. Address Hermann 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.