. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8820

Registration District No. 138 Primary Registration District No. 5525 Registrar's No. 6

43
0

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Zwincey (Rural)
(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 all of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory 43
(c) City or town Zwincey (Rural) 0
(If outside city or town limits, write "RURAL") 3
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cynthia Ann Stark
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 26 (Day) - 1856 (Year)

8. AGE: Years 90 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St Clair County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas Cary
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Margret Thompson
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Daniel Stark
(b) Address Zwincey, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director Gilbert Hathaway
(b) Address Wheatland, Mo
19. (a) March 21-47 (Date received local registrar) W. P. Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1947 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from Jan. 7, 47, 19, to Jan 8, 1947
that I last saw her alive on Jan. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Due to Carcinoma of Stomach
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

46 B

Duration

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 G. R. Easton (M. D. or other) WO
Address Weanblean, Mo. Date signed March 15, 1947

1 2 1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-47-809
Date Filed 3-25-47

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 Chas Gelbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Md

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.