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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 3 1947

Registration District No.

Primary Registration District No. 4547

Registrar's No. 18

1. PLACE OF DEATH

(a) County Grant

(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 52 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grant

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH STARK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1947 hour 12 minute 45 P.M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Calvin Stark

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

7. Birth date of deceased April 6 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October, 1946, to 11 March, 1947;
that I last saw him/her alive on 11 March, 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 11 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Wrenia

Due to vomiting 10 days

Due to Chronic Cholecystitis & Cholelithiasis 2 yrs

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

9. Birthplace Wentzville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk and housewife

11. Industry or business grocery store

12. Name Elizabeth Stark

13. Birthplace Ripley, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Allen

15. Birthplace Wentzville, Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 126

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Charley Stark

(b) Address Grant City, Mo.

17. (a) burial (b) Date thereof 3-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director Arch C. Shull

(b) Address Grant City, Mo.

19. (a) Mar 17-47 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Frank B. Patterson (M. D. or other) _____
Address Grant City, Mo. Date signed 10/26/47

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

345

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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: *Arch C. Dumble*

Licensed Embalmer No. *32152*

P. O. Address *Grant City, 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.