

FILED APR 28 1947

Registration District No. 272

Primary Registration District No. 4434

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Center
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Center
(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)

3. (a) PRINT FULL NAME

Alice Starr

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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 13 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months - Days 19 If less than one day hr. min.

9. Birthplace New London Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Benjamin Starr
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Garnett
15. Birthplace Saverton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Starr
(b) Address New London, Missouri
17. (a) Burial (b) Date thereof 4 -3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery
18. (a) Signature of funeral director John E. Starr
(b) Address Hannibal, Missouri
19. (a) 4/2/47 (b) R. C. W. W. W. W.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87
(c) City or town Center 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1947 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 19 1947 to April 1 1947
that I last saw her alive on April 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic 3 yrs
Due to Unknown

Due to Unknown

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

Major findings: Of operations None
Of autopsy None

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?
While at work? (Specify type of place) (e) Means of injury 2

23. Signature C. H. Brooks (M. D. or other) DO
Address Center, MO Date signed 4-3-47

RECEIVED
District Health Officer No. 10
District File Number 447-722
Date Filed APR 25 1947

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.....

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.