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

FILED JUN 4 1947
155

State File No.

Registration District No.

Primary Registration District No.

5127

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1007 South Madison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 41 years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Frank Starkweather

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edna Starkweather 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
76 2 19 hr. min.

9. Birthplace Lawrence Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

MOTHER FATHER

11. Industry or business _____
12. Name John STARKWEATHER

13. Birthplace Maryland /
(City, town, or county) (State or foreign country)

14. Maiden name no data
15. Birthplace no data
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Starkweather (Widow)
(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 5/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) MAY 29 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 1007 South Madison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from
John. L. 1947 to May 27 1947
that I last saw him alive on May 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coccietes

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Nature of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Webb City, Mo. Date signed 5/29/47

47-5-474

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 *C. H. Kelly*

Licensed Embalmer No. *62859*

P. O. Address *St. Louis, 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.