

S. No. 2  
DM-5-43  
v. 5-17-39  
P 1 X36671

18462

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 19 1947

Registration District No. 297

Primary Registration District No. 0022

Registrar's No. 44

1. PLACE OF DEATH:

(a) County ~~ADAM~~ ~~STARCHER~~ Ray

(b) City or town Rural-Richmond Twn.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institutions  
Wellington Rd. 1/2/ South Richmond  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. / (Specify whether  
In this community 4 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County: Ray 89

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

(d) Street No. Wellington Rd. 1/2 mile south  
Richmond (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.

3. (a) PRINT Adam (n) Starcher FULL NAME

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male Male 5. Color or race White White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy Belle Hunt 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased December 7, 1872 (Month) (Day) (Year)

8. AGE: 74 Years 4 Months 18 Days If less than one day hr. min.

9. Birthplace Cottageville, West Va. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Edward Starcher

13. Birthplace West Va. (City, town, or county) (State or foreign country)

14. Maiden name Emily J. Barnett

15. Birthplace West Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Davis

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 4/27/47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowell, Mo.

18. (a) Signature of funeral director Guest-Lile F.H. (b) Address Richmond, Mo.

19. (a) May 5-47 (b) M. J. Jackson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION April 25, 1947

20. DATE OF DEATH: Month April 1947 year 1947 hour 9:20 P.M. minute M.

21. I hereby certify that I attended the deceased from 4-1-47, 19 to 4-25-47, 19 that I last saw him alive on 4-25-47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 wks

Due to

Due to

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

Major findings: Of operations:

Of autopsy

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 Thos J. Cook (M. D. or other) Address Richmond, Mo. Date signed 5-5-47

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-16-47

MAY 27 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 [Signature]

Licensed Embalmer No. 4066

P. O. Address [Signature]

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.