

FILED AUG 7 1947

Registration District No.

Primary Registration District No.

6003

Registrar's No.

9

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural - Clay township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. # 2, New London, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)
In this community 7 months

3. (a) PRINT FULL NAME Jessie B. 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 married
6. (b) Name of husband or wife Omar Starr
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 21 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 17
If less than one day - hr. - min.

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

10. Usual occupation housewife

11. Industry or business -----

12. Name John Kolb
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kirlin
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Omar Starr
(b) Address R. R. # 2, New London, Mo.

17. (a) burial (b) Date thereof 7/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg Cemetery

18. (a) Signature of funeral director Ray P. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 7-11-47 (b) WT Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 2, New London, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1947 hour 9:15 minute P.M.

21. I hereby certify that I attended the deceased from no medical attention
that I saw him alive on -----, 19-----
and that death occurred on the date and hour stated above.

In my opinion, cause of death Probable Cause of Death
Heart Attack
Due to -----

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

Major findings: Of operations -----

Of autopsy -----

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) (e) Means of injury -----

23. Signature Olympe Baccary or other -----
Address ----- Date signed 7/18/47

RECEIVED
District Health Officer No. 10
District File Number 8-47-1009
Date Filed AUG - 6 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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.