

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Russellville, "Rural" No.
(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)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 26

(c) City or town Russellville, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 Mi. South. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Edward Stark

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Male 5. Color of race W

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 20 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>8</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Cole Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter and Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jenjaman A. Stark

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

14. Maiden name Sera Ann Scott

15. Birthplace Cole Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Stark

(b) Address Russellville, Mo.

17. (a) Burial (b) Date thereof Sept 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem.

18. (a) Signature of funeral director W. H. Schubert

(b) Address Russellville, Mo.

19. (a) Sept. 2 (b) Mrs. Minnie Hetherington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st.
year 1947 hour 15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Mar. 1, 1943 to Sept. 1, 1947
that I last saw him alive on Sept. 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis and Myocarditis
Due to _____

Due to _____

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

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 Walter L. Leslie (M. D. or other) _____
Address Russellville, Mo. Date signed 9-2-47

Duration _____

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

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 17 1947

JUL 10 1953

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 Hugo H Schubert
Licensed Embalmer No. 2820
P. O. Address Burdette #6

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.