No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34690

FILED OCT 21 1947

Registration District No. 2077

Primary Registration District No. 1002

Registrar's No. 4266

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Union Station Hosp.
(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)

In this community: few minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State: Minn (b) County: Ramsey 997

(c) City or town: St. Paul 21
(If outside city or town limits, write "RURAL")

(d) Street No.: 125 S. Oxford 0 21
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: PATRICK JOSEPH STARR

3. (b) If veteran, name war: No

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Isabel

6. (c) Age of husband or wife if alive: 1467 years

7. Birth date of deceased: March 14 ~~15~~ ~~About 61~~ (Month) (Day) 45 (Year)

8. AGE: Years ~~About 61~~ 8 | Months 6 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) New York (State or foreign country)

10. Usual occupation: Retired R.R. Engineer

11. Industry or business: C.M.St.P. & P.

12. Name: James E. Starr

13. Birthplace: ..... (City, town, or county) Ireland 4 (State or foreign country)

14. Maiden name: No Record

15. Birthplace: No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant: "Donald" Richard Starr.

(b) Address: 125 S. Oxford-St Paul Minn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 9, 47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Paul Minn.

18. (a) Signature of funeral director: Quirk & Tobin

(b) Address: 20 W. Linwood K.C.Mo.

19. (a) 10-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Deputy Coroner	
Major findings: Of operations:	
Of autopsy: Autopsy	

PHYSICIAN — Underline the cause of 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) 0

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

23. Signature: A E Usher (M. D. or Other) M.D.

Address: 2800 Main Date 10/9/47

Can by ap 11-20-47 Halloween 1946

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 413 4

P. O. Address Kansas City 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.

State of Minn. } ss.
County of Hennepin }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4266

On this 30th day of October, 1947, before me appears Mr. Donald Starr, who, upon his oath, states that the original record of ~~birth~~ death for Patrick Joseph Starr, died ~~born~~ October 8, 1947, in the State of Missouri, and which was filed at Kansas City, Mo. on 10-9-, 1947, should be corrected as follows:

Item No. 7 should read March 14 1867

Instead of March 15 --

Item No. 8 should read 80 years 6 Mo. 24 Days

Instead of About 81 yrs.

Item No. 16a should read Donald Starr

Instead of Richard Starr

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Donald J. Starr Son
Relationship.

125 So Offord St
Present Address. St. Paul, Minn.

Subscribed and sworn to before me this 30th day of October, 1947.

My Commission expires 12/9/47 ~~Emma L. Martindale, Notary Public, Hennepin County, Minn.~~ Emma L. Martindale Notary Public.

My Commission Expires Dec. 9th, 1947.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

orm V. S. 135
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