S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38442

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4603

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: ST JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 DAYS (Specify whether
In this community 17 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. 104 E. 70th TERRACE (If rural, give location) 8
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ROLFE H STARRETT
3. (b) If veteran, name war NO
3. (c) Social Security No. 486-03-4440
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY H STARRETT
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased FEBRUARY (Month) 5 (Day) ~~1904~~ 1906 (Year)

8. AGE: Years 41 Months ~~2~~ 8 Days ~~5~~ 2 If less than one day 6 hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation CERTIFIED PUBLIC ACCOUNTANT
11. Industry or business SELF
FATHER
12. Name ELMER G. STARRETT
13. Birthplace MACEDONIA (City, town, or county) IOWA (State or foreign country)
MOTHER
14. Maiden name LUCY HOITELL
15. Birthplace GEORGETOWN (City, town, or county) INDIANA (State or foreign country)
16. (a) Informant Mrs Mary H. Starrett
(b) Address 104 East 70th Terrace
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 3. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D W Newcomers Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 11-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 31st year 1947 hour 9 minute 15 P M.
21. I hereby certify that I attended the deceased from SEPT 1 1, 1947, to OCT. 31, 1947 that I last saw him alive on 10-31, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death CIRRHOSIS OF LIVER (ACUTE) | 3 Cms. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 1240 | |

Major findings:
Of operations
Of 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)
While at work? (e) Means of injury 0
23. Signature E. C. Greenwood M.D. (M.D. or other)
Address 6944 Prospect St Cho Date signed Nov. 1 '47

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 John E Hoking, Registered Apprentice No. 504 working under my personal supervision.

Signed E Oscar Worthey

Licensed Embalmer No. 1767

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.**