No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42169

FILED JAN 15, 1948

Registration District No. ..... Primary Registration District No. 5632 Registrar's No. .....

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Dry Knob Mo.
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Dry Knob
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William Edward Starnes
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Ruth Starnes
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	8	29	..... hr. ..... min.

9. Birthplace Pulaski Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Perry Starnes
13. Birthplace Pulaski Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Jennings
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Myrtle Starnes
(b) Address Dry Knob Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Mo.
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon, Mo.
19. (a) Dec. 3, 1948 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1947 hour 6 minute 30 P. 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 thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 .....
23. Signature J. R. Palmer Coroner (M. D. or other)
Address Lebanon Mo Date signed 12/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 1/3/48

Laclede County Health Unit

File No. 1-48-210

Date filed 1/15/48

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.