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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12216

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 321

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0 (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: 14 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No.: 348 N. Warren Ave. 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Jeanne Stark
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 29, (Day) 1947 (Year)

8. AGE: Years 1 | Months 2 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Springfield, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: none
11. Industry or business .....
FATHER
12. Name: Albert Stark
13. Birthplace: Dallas County, (City, town, or county) Missouri (State or foreign country) C
MOTHER
14. Maiden name: Doralee Stark
15. Birthplace: Dallas County, (City, town, or county) Missouri (State or foreign country) C
16. (a) Informant: Albert Stark
(b) Address: 348 N. Warren, Springfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesapeake, Missouri
18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Missouri
19. (a) 4-14-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14th year 1948 hour 10:10 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from March 8, 1948, to April 14, 1948, that I last saw her alive on April 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unresolved	
Bronchopneumonia	1 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Mongolism	14 mo.

Major findings:
Of operations: 1
Of autopsy: 0

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: Thomas S. Harris (M. D. or other) MD
Address: Medical Arts Bldg Springfield, Missouri Date signed 4/14/48

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.