

S. No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

113125

State File No. _____

FILED APR 21 1948

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 215 South Liberty
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 215 South Liberty
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Dr. Lila May Starkweather

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 7:20 minute A.M.

4. Sex F / race W

5. Color or race W

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

6. (b) Name of husband or wife Bert Starkweather

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

7. Birth date of deceased: August 16 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30, 1948, to April 8, 1948, that I last saw her alive on 4-8, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 7 Days 22 If less than one day hr. min.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) _____

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____

12. Name Solomon Turnpaw

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

14. Maiden name Fannie Snodgrass

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bert Starkweather (husband)

(b) Address Webb City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 10, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) APR 10 1948 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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? 2

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

23. Signature [Signature] (M. D. or other) DO

Address Webb City, Mo. Date signed 4/10/48

Long

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.....

[Handwritten Signature]

Licensed Embalmer No. *2852*

P. O. Address *[Handwritten Address]*

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.