DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1948

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16982

State File No.

Primary Registration District No. 4322

Registrar's No. 129

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

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: Axtell 0
(If not in hospital or institution, write street number or location)

X (d) Length of stay: In hospital or institution 22 days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan 105

(c) City or town Newtown 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John Marion Starns

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

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 Oct. (Month) 15 (Day) 1871 (Year)

8. AGE: Years 76 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Lincoln (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Allen Starns 4
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Louisa Neal
15. Birthplace (City, town, or county) Kenn. 1 (State or foreign country)

16. (a) Informant Dora E. Bell
(b) Address Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Newtown

18. (a) Signature of funeral director Judd H. Payne
(b) Address Newtown

19. (a) 5-7-48 (Date received local registrar) (b) M. J. Ruth (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1948 hour 5:26 A.M. minute M.

21. I hereby certify that I attended the deceased from April 9, 1948, to May 1, 1948;
that I last saw him alive on May 1, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to: Carcinoma of small intestine	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46E

PHYSICIAN

Underline the cause to 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 2

23. Signature Theodore Ficken (M. D. or other) D.O.
Address Princeton, Mo. Date signed 5-6-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 T. Howard Judd

Licensed Embalmer No. 3240

P. O. Address New Town 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.