S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18556

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 211

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 N. Osteopathy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 510 N. Osteopathy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Juanita Starks
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gail Starks
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. (Month) 19 (Day) 1894 (Year)

8. AGE: Years 53 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Unknown Cheeley
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Marshall
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Gail Starks
(b) Address Kirksville, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Burlington, Iowa
18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Mo.
19. (a) 6-23-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1948 hour 3:40 minute A: M.

21. I hereby certify that I attended the deceased from Dec 15, 1947, 19..., to June 23, 1948; that I last saw her alive on June 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma, colon	8 yr.
Due to	
Due to	
Other conditions: Rheumatic heart disease (Include pregnancy within 3 months of death)	40 yrs.
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 G R Hudson (M. D. ~~or other~~)
Address Kirksville, Mo. Date signed 6-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-11
Date Filed JUN 2-9-1948

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 Jack L. Dooley, Registered Apprentice No. 222, working under my personal supervision.

Signed D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.