S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19677

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2710

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 426 - SOUTH ELMWOOD AVENUE (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: 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No.: 426 SOUTH ELMWOOD AVENUE (If rural, give location) 8
(e) Citizen of foreign country? N/O (Yes or No) 5
If yes, name country - - - - - - -

3. (a) PRINT FULL NAME: MRS. ELEANOR THERESA STARCKE
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: DR. A. H. STARCKE
6. (c) Age of husband or wife if alive - - - - - - years
7. Birth date of deceased: JANUARY - 17 - 1876 (Month) (Day) (Year)

8. AGE: Years 72 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace: LIVERPOOL (City, town, or county) NEW YORK (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business - - - - - -

FATHER
12. Name: UNKNOWN 9
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN LIGHTHALL 9
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: Eleanor Starcke Bailey
(b) Address: 426 S. Elmwood KC Mo
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: JUNE-29-1948 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation: D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director: A. H. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 6-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26TH year 1948 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from ....., 1948, to June 24, 1948 that I last saw ~~him~~ alive on June 22, 1948 and that death occurred on the date and hour stated above.

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

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature: R. P. Miller (M. D. or other)
Address: 1400 A. East 31st Date signed: 6/26/48

(Licensed Embalmer's Statement on Reverse Side)

1800 A. East 31st Street
2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. 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.