S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1949

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40373

Registrar's No. 5206

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community 65 years
years, months or days)

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")

(d) Street No. 4022 Central
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALBAN L. STARNER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Margaret E. Starner

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

7. Birth date of deceased November (Month) 27 (Day) 1874 (Year)

8. AGE: Years 74 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Country Club Transfer

FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eugenia Victoria
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Wm. F. Starner
(b) Address 4022 Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 12-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1948 hour 4: minute 34 P M.

21. I hereby certify that I attended the deceased from Dec 26, 1948 to Dec 21, 1948 that I last saw him alive on Dec 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 year
Due to Hypertension	10 yrs
Due to Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no 93 d
Of autopsy no

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? M. B. Casebolt (Specify type of place)
While at work (e) Means of injury

23. Signature M B Casebolt Mrs. (Mrs. or other)
Address 4000 Baltimore K.C. Mo. Date signed 12-22-48

(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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.