

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9603
Do not use this space.

1. PLACE OF DEATH **21338**
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2511 Bales Registered No. 1068 St.
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 70 yrs. mos. ds.
 2. PRINT FULL NAME Anna Sophie Starcke 362
 (a) Residence, No. 2511 Bales St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Bernhardt Starcke
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1844
 7. AGE YEARS 93 MONTHS 6 DAYS 3 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kongsberg Prussia
 FATHER 13. NAME H. F. Volk
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Ank. Konegen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Miss Ida Starcke
2511 Bales
 18. BURIAL, CREMATION, OR REMOVAL PLACE Junction City, Kan. DATE Mar. 8, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Wagner Family Home
204 W. Finwood
 20. FILED Mar 8, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1938, 19.....
 I last saw him Deputy Coroner 1938 Death is said to have occurred at the date stated above, at 7:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Senility 93c
 Date of onset
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) W. B. Smith M. D.
 (Address) San Diego, N.C. Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)