

1193
JAN 14 1938

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

42399
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan
(b) Township St. Joseph
(c) City St. Joseph
(e) Length of residence in city or town where death occurred 3 1/2 yrs.

85
Registration District No. 1001
Primary Registration District No. Isolation Hospital
Registered No. 1279
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Highland Kansas Highland Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE W. pro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1932
7. AGE YEARS 6 MONTHS 2 DAYS 23 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farming, Kansas

FATHER
13. NAME Wm Henry Starr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Kansas

MOTHER
15. MAIDEN NAME Katie M. Pennell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farming, Kansas

17. INFORMANT (ADDRESS) Wm Henry Starr, Highland Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Kan DATE 12/21/1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bailey Mortuary, 1602 Madison St, St. Joseph Mo.

20. FILED 12/21, 1938 W. J. Wittich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 19, 1938
I last saw him alive on Dec 19, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Meningitis (Pneumococci) Date of onset Dec 13-38
79 W

Other contributory causes of importance:
Name of operation Cholecystectomy Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. J. Wittich, M. D.
(Address) no

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.

ORIGINAL FILED WITH CHANGING INVA. THIS IS A PERMANENT RECORD

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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, J. F. Ramsey

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 4081

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, above space should be left blank.