

REC'D FEB 20 1939

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

1370

Do not use this space.

1. PLACE OF DEATH

(a) County JacksonRegistration District No. 399(b) Township Kaw
or Kansas City, Mo.Primary Registration District No. 1002Registered No. 383(c) City Kansas City, Mo. (d) Street No. 513 South Lawn, Avenue, St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jonathan Stark,(a) Residence, No. 513 South Lawn, Avenue, K. C. Mo. St.

(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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

October 24th, 1871

7. AGE

YEARS
67MONTHS
3DAYS
5If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.Carpenter10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Arkansas

13. NAME

Charles Stark14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)No Record

15. MAIDEN NAME

No Record16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)No Record17. INFORMANT
(ADDRESS)Rosanna Stark Turner,
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marysville Mo DATE Jan. 29, 193919. FUNERAL DIRECTOR (NAME)
(ADDRESS)Mrs. C.L. Forster
918 Brooklyn Avenue, K.C. Mo.

20. FILED

Jan 29, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29th, 193922. I HEREBY CERTIFY, That I attended deceased from
1930, 1930, to Jan 29, 1939I last saw him alive on Jan 28, 1939. Death is said
to have occurred on the date stated above, at 3:37 A.M.

The principal cause of death and related causes of importance were as follows:

chr. interstitial nephritis
a myo carditis

Date of onset

59

Other contributory causes of importance:

Diabetes
arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? no

If so, specify

none Jackson, M. D.(Address) 1107 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

KC 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.

416 West 61st Str.,
Phone HI: 4221.

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.....

• 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, above space should be left blank.