

REC'D MAY 18 1939

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

15159
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township 2 Primary Registration District No. 2092 Registered No. _____
(c) City Joplin (d) Street No. St John's Hospital 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. 29 ds. (f) How long in U. S., if of foreign birth: yrs. mos. ds.

2. PRINT FULL NAME WALTER W. STARR

(a) Residence, No. 19 St. Denver Colo
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Starr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mechanic
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) Aurora
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James Starr

14. BIRTHPLACE (CITY OR TOWN) ark
(STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Susan Lollar

16. BIRTHPLACE (CITY OR TOWN) ark
(STATE OR COUNTRY)

17. INFORMANT Mrs Opal Abbott
(ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE 4-25-39

19. FUNERAL DIRECTOR (NAME) Lanpheer Mortuary
(ADDRESS) Joplin Mo.

20. FILED 4-24-39 Ed D. Jerney
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1939 to 4-21, 1939

I last saw him alive on 4-19-39. Death is said to have occurred on the date stated above, at 9 a.m.

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

Cardiac Arrest
Date of onset 45 hr

Other contributory causes of importance:
Pulmonary

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? Yes
If so, specify _____
Dr. J. J. ..., M. D.
(Address) _____

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1104

Date Filed MAY 15 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, above space should be left blank.