

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

19226
Do not use this space.

REC'D JUN 13 1939

1. PLACE OF DEATH

(a) County Merces Registration District No. 556
 (b) Township Rossano Primary Registration District No. 5757
 (c) City _____ (d) Street No. _____ St. _____
 (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

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) Rossano Twp (STATE OR COUNTRY) Merces Co. Mo.

13. NAME Ralph Starnis

14. BIRTHPLACE (CITY OR TOWN) Near Newton (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Nolan

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co (STATE OR COUNTRY) _____

17. INFORMANT Ralph Starnis (ADDRESS) Newton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newblains Cem DATE May 28 1939

19. FUNERAL DIRECTOR (NAME) Maxon Funeral Home (ADDRESS) Princeton Mo

20. FILED 5/28 1939 J. M. Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1938 to May 27 1939
 I last saw him alive on Sept 30 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Was kicked in stomach by cow Dec 30-38 and badly injured - Followed by hemorrhage for weeks -

Other contributory causes of importance:
Enema and Emulsion

Name of operation None Date of _____
 What test confirmed diagnosis Phys Was there an autopsy? No

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 _____
 (Signed) J. M. Perry M. D.
Princeton Mo (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
District File Number 39-586
Date Filed JUN 5 1934

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.