

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

38889

Do not use this space.

K. 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.

1. PLACE OF DEATH DEC 15 1939

(a) County Auburn Registration District No. 912

(b) Township Vandalia Primary Registration District No. 4550 Registered No. 33

(c) City Vandalia (d) Street No. _____ St. _____

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

2. PRINT FULL NAME Maude E. Stark

(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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Wm. F. Stark</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1877</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>2</u>	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House/keeping</u>			
	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) <u>Mo 0</u>				
FATHER	13. NAME <u>Henry Simon</u>			<u>0</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			<u>9</u>
MOTHER	15. MAIDEN NAME <u>Don't Know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>			
17. INFORMANT <u>Will Stark</u>				
(ADDRESS) <u>Vandalia Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hannibal Mo</u> DATE <u>Dec 8 39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Wm. Bates</u>				
(ADDRESS) <u>Vandalia Mo</u>				
20. FILED <u>Dec 17 1939</u> <u>Cornie F. Starback</u> (Address) _____ Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24 1939 to Dec 6 1939

I last saw her alive on Dec 1 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Cancer uterus

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) H. M. Blair, M. D.
Vandalia Mo

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 12/1/11

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 Wm B. Waters

Licensed Embalmer No. 3325

P. O. Address Tandalis 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.