

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Axtell Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME Mary Francis Starns 365
8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph Starns 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 19 1907
(Month) (Day) (Year)

8. AGE: Years 32 Months 10 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Near Newtown Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
12. Name Benjamin Noland
13. Birthplace MO.
(City, town, or county) (State or foreign country)
14. Maiden name Ida Banner
15. Birthplace Pollock Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ralph Starns
(b) Address Newtown Mo.

17. (a) Burial (b) Date thereof 2-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newtown

18. (a) Signature of funeral director Walter A. Home
(b) Address Princeton Mo. 46314

19. (a) 2/12-40 (b) J. M. Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles west of Newtown, MO
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1940 hour 11 minute 02 PM.
21. I hereby certify that I attended the deceased from Feb. 5
1940 to Feb. 11, 1940
that I last saw her alive on Feb. 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Thrombosis in brain
Due to _____
major operation
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: sub total hysterectomy
appendectomy
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Dr. B. J. Axtell _____
Address Princeton, Mo. Date signed 2-12-40

RECEIVED

District Health Officer No. 11

District File Number 348-273

Date Filed MAR 7 1940

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.....

H. Ivan Martin

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7381**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **556**

Primary Registration District No. **4328**

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Merced**

(b) City or town **Princeton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME **Mary Francis Starnes**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **32** Months **10** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month **Feb** day **11** year **1970** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis in Brain** Duration _____

Due to **major operation**

Due to **fibroid of uterus - appendicitis**

Other conditions **1971** (include pregnancy within 3 months of death)

Major findings: **Sub Total Hysterectomy appendectomy** PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature **B. T. Astel** (M. D. or other) _____

Address **Princeton Mo.** Date signed _____

SUPPLEMENTAL

