

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24158**
Registrar's No. **2768**

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 days**
(Specify whether
In this community **20 years**
years, months or days)

3. (a) PRINT FULL NAME **GOLDIE STARK** **362**
8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Joseph E** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **July 25 1892**
(Month) (Day) (Year)

8. AGE: Years **47** Months **"** Days **"** If less than one day hr. min.

9. Birthplace **W. Scott** **Kans**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
MOTHER FATHER { 12. Name **Herbert M. Marshall** |
18. Birthplace **Ohio** |
(City, town, or county) (State or foreign country)
14. Maiden name **Mary J. Crisp**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph E. Stark**
(b) Address **1615 Elmwood**
17. (a) **Burial** (b) Date thereof **7-9-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park**
18. (a) Signature of funeral director **Edna Ann Thomas**
(b) Address **1416 Minnesota**
19. (a) **July 9, 1940** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1615 Elmwood**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July**, day **7th**
year **1940** hour **10** minutes **12 P** M.

21. I hereby certify that I attended the deceased from **June 18th**, 19**40**, to **July 7th, 1940**, 19____;
that I last saw h. **er** alive on **July 7th, 1940**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Duration _____

Due to **1070**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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 **Dwight R. Howe** (M. D. or other) _____
Address **Med. Dir. K. C. Gen Hospital K. C. Mo.** Date signed _____

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.....

Rollie M. Eads....., Registered Apprentice No.....
working under my personal supervision.

Signed *Rollie M. Eads*.....

Licensed Embalmer No. *2381*.....

P. O. Address *Kansas City, 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: