

1-40
-39
23159

Registration District No. **538**

Primary Registration District No. **3028**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(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 always
years, months or days _____

3. (a) PRINT FULL NAME BIBBY JOE STARKEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 26 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 10 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Harold Christopher Starkey

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

14. Maiden name Agnes Joan Hollinger

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

16. (a) Informant Harold Christopher Starkey

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 11-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. A. Dixon

(b) Address Fredericktown, Mo.

19. (a) Nov 7 1940 (b) S. C. B. Laughlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day sixth year 1940 hour 10:00 am minute _____ M.

21. I hereby certify that I attended the deceased from Nov 4, 1940 to Nov 6, 1940; that I last saw him alive on Nov 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arrhythmic fibrillation Duration 10 min

Due to Gastro-enteritis 2 wks

Due to _____

Other conditions (Include pregnancy within 3 months of death) 11/4/40

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? Yes

While at work? _____ (Specify type of place) (e) Means of injury _____ 3

23. Signature W. H. McElwaine (M. D. or other) MD

Address Fredericktown Mo Date signed Nov 7 1940

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

MOTHER FATHER

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.