

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14183
Registration District No. 135
Primary Registration District No. 3010
Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South side Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural
(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.? 0 years.

3. (a) PRINT FULL NAME Gwella May Stark
(b) If veteran name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1st
year 1941 hour _____ minute 15 P. M.
21. I hereby certify that I attended the deceased from Mar 4
1941, 19____, to Apr 1, 19____;
that I last saw her alive on Apr 1, 19____,
and that death occurred on the date and hour stated above.

4. Sex Fe! 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 21 1929
(Month) (Day) (Year)

Immediate cause of death: Subacute pneumonia
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 10/1

8. AGE: Years _____ Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation School

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Clarence Stark
13. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Edith Brishen
15. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Stark
(b) Address Carrollton Mo R.F.D.
17. (a) Burial (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stairland
18. (a) Signature of funeral director Stairland
(b) Address Carrollton Mo
19. (a) 4-2-41 (b) John Ashburn
(Date received local registrar) (Registrar's signature)

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?
130 While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Carrollton Mo Date signed 4-2-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-7-41

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va.

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.