

Registration District No. 1122 Primary Registration District No. 6226 Registrar's No. 12

1. PLACE OF DEATH:
 (a) County Wright
 (b) City or town Norwood, Missouri
 (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 _____
 years, months or days

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced (1)
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 19 1934
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 6 21 hr. min.

9. Birthplace Garden Grove California
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name David Stark
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Lula Akers
 15. Birthplace Mansfield, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W.D. Stark
 (b) Address Garden, Grove

17. (a) removal (b) Date thereof 54 24-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Westminster Mem. Park

18. (a) Signature of funeral director Boalbin Funeral Home
 (b) Address Norwood, Missouri

19. (a) 5-31-41 (b) Roy A. Burnett
 (Date received local registrar) (Reg. Cert. signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State California (b) County Orange
 (c) City or town Garden Grove
 (If outside city or town limits, write "RURAL")
 (d) Street No. Wright & Imperial R#1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 5-16-1941
 to 5-22-1941
 that I last saw him alive on May 22, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Duration _____
 Due to _____
 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? _____

23. Signature Roy A. Burnett (M. D. or other) _____
 Address 5-31-41 Date signed 5-22-41

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.

RECEIVED

Dist. No. 6,
District File number 641-984

Date Filed JUN 16 1941

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 Ella J. Bouldin

Licensed Embalmer No. 1949

P. O. Address Nowood, 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.