

S. No. 2
4-12-40
5-17-39
PI X22

HOLD AUG 11 1941 85

Registration District No. _____

Primary Registration District No. **1001**

Registrar's No. _____

1. PLACE OF DEATH: **BUCHANAN**
 (a) County **BUCHANAN**
 (b) City or town **ST. JOSEPH**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 mos. 17 ds.**
 In this community **1 yr. 11 mos. 6 d. 17 ds.**
 years, months or days) Specify whether

3. (a) PRINT FULLNAME **George W. Starnes**
 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 **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Aug. 1 1864**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **11** Days **0**
 If less than one day hr. _____ min. _____

9. Birthplace **Scott Co. Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farm - chronic invalid**

11. Industry or business _____

12. Name **Edwin R. Starnes**

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

14. Maiden name **Mary Marie**

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

16. (a) Informant **Fred Jones**

(b) Address **King City Mo.**

17. (a) **Removed** (b) Date thereof **7-1-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Emorial Cem. King City Mo.**

18. (a) Signature of funeral director **W. J. J. J.**

(b) Address **King City Mo.**

19. (a) **7-1-41** (b) **W. J. J. J.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **011**
 (a) State **Mo.** (b) County **Scott**
 (c) City or town **King City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **rural**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1**
 year **1941** hour **9-30** minute **9** M.

21. I hereby certify that I attended the deceased from **July 14, 1939** to **July 1, 1941**
 that I last saw him alive on **July 1, 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary heart disease with atherosclerotic involvement**
 Due to _____

Due to **Arteriosclerosis with hypertension**
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 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 **W. J. J. J.** (M.D. or other) **MD**
 Address **St. Joseph** Date signed **7/1/41**

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

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

R. G. Taggart

Licensed Embalmer No. *2563-*

P. O. Address *King 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, fact should be so stated above.