. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

86
0
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 57851

Registration District No. 291 Primary Registration District No. 5998 Registrar's No. 95

**1. PLACE OF DEATH:**

(a) County PUTNAM

(b) City or town YORK TOWNSHIP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days) In this community LIFE TIME

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town RURAL, POWERSVILLE 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME JAMES ELCONY STARK

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 WIDOWED 2

6. (b) Name of husband or wife LAURA JOESPHINE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DECEMBER (Month) 23 (Day) 1861 (Year)

8. AGE: Years 80 Months 9 Days 12 If less than one day hr. min.

9. Birthplace PUTNAM Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business Farm

FATHER
12. Name MAHLON STARK
13. Birthplace INDIANA (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name CAROLINE BLANCHARD
15. Birthplace Do not Know (City, town, or county) (State or foreign country) 9

16. (a) Informant W E Riddle

(b) Address Powersville Mo. R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCTOBER 16 1942 (Month) (Day) (Year)

(c) Place: burial or cremation TORRY CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO By John N. Comstock

19. (a) 12 2 42 (Date received local registrar) (b) C. C. Kelley (Registrar's signature) 1/2 42

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCTOBER day 15 year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from him from June 1935 to October 1st 1942 that I last saw him alive on September 1 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic myocarditis | |
| Due to Uremic poisson | |
| Due to Chronic Glomerular nephritis and Chronic | |
| Other conditions Prostatitis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

131

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. W. McDonald (M.D. or other) DO

Address Powersville, Mo. Date signed 10/15/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-2095
Date Filed NOV 1 8 1942

**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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Ellsinville, 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.**