

Registration District No. 206

Primary Registration District No. 4317

Registrar's No. 42

1. PLACE OF DEATH:

(a) County MADISON
(b) City or town MARQUAND, MO
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Marquand
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Notitia Starkey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife James W Starkey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9-26-1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER } 12. Name ELIOTT MOYTON
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name STARKEY-GARLAND
15. Birthplace INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Starkey

(b) Address Marquand, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Marquand, Mo

18. (a) Signature of funeral director W. E. STANLEY

(b) Address Marquand, Mo

19. (a) June 21, 1943 (Date received local registrar) (b) S. C. Slaughter (Registered Embalmer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUN day 25 year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from June 1942 to 1943; that I last saw her alive on June 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Duration unknown

Due to renal insufficiency

Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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 Keith L. Hull (M. D. or other) _____
Address Fredericktown, Mo Date signed 6-26-43

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

62
0
0

RECEIVED

District Health Officer No. 4
District File Number 743-2432
Date Filed 2-8-43

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 with the above constitutes grounds for revocation of license.)

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