

No. 2
2-43
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32116

State File No. _____

FILED SEP 25 1943 209

Primary Registration District No. 3043

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Major

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

(c) Name of hospital or institution:
905 Georgia
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Major 64

(c) City or town Nashville 5
(If outside city or town limits, write "RURAL") 7

(d) Street No. 905 Georgia
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John R. Stark

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 16
year 1943 hour _____ minute 2⁰⁰ P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ORA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 22, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar - 1 1943 to July 16 1943
that I last saw h. 10m alive on July 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 mo

8. AGE: Years Months Days If less than one day

78 9 24 _____ hr. _____ min.

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

10. Usual occupation laborer

Due to Cerebral arterio-sclerosis

Due to Senility

Other conditions (include pregnancy within 3 months of death) g3a!

MOTHER { 11. Industry or business _____

FATHER { 12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Nellie Middendorf

(b) Address 905 Georgia Nashville MO

17. (a) Burial (b) Date thereof July 18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenview Burial Pt

18. (a) Signature of funeral director James O'Hanness

(b) Address Nashville MO

19. (a) 8-3-43 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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) Manner of injury C

23. Signature R. W. Connor (M. D. or other) _____
Address Nashville MO Date signed 7-24-43

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

812

EM 112

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 Michael J. O'Rourke

Licensed Embalmer No. 324P

P. O. Address Hamburg NY

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.