S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34853

State File No.

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 197

12
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1. PLACE OF DEATH:

(a) County Henry

(b) City or town Deepwater (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Deewater Mo (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 Lewis A. Stark

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alta Stark

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 25 (Day) 1904 (Year)

8. AGE: Years 39 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Christian Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Preacher

11. Industry or business

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

MOTHER
14. Maiden name Orpha Merritt
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lewis Stark

(b) Address Deepwater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Marionsville Mo

18. (a) Signature of funeral director Tom Hunt

(b) Address Deepwater Mo

19. (a) Oct. 8, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

1669

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1943 hour 8. minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10 1941 to Oct 7 1943 that I last saw him alive on Oct. 6th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of mouth and adjacent tissues

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 45c

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. Russell (M. D. or other)

Address Deepwater Date signed 10/6/43

(Licensed Embalmer's Statement on Reverse Side)

D

alth Officer No. 7

10-43-1252

11-10-43

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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.