S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14377

Registration District No. 55 — Primary Registration District No. 5198 — Registrar's No. 37

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Rural Trotter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carrollton Mo. RR.2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life Time.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Rural Trotter 0
(If outside city or town limits, write "RURAL")
(d) Street No. Carrollton Mo Rout.2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillie Mae Stark.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife John Stark.
6. (c) Age of husband or wife alive 72 years
7. Birth date of deceased Sept. (Month) 5 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	6	27	hr. min.

9. Birthplace Carroll County Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Work at Home.
11. Industry or business
FATHER
12. Name William H. Martin.
13. Birthplace State Indiana. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Jane Martin.
15. Birthplace State Indiana. 1
(City, town, or county) (State or foreign country)
16. (a) Informant John Stark
(b) Address Carrollton Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Beaty Cemetery.
18. (a) Signature of funeral director John Deitch
(b) Address Norbond Mo.
19. (a) 4-4-44 (Date received local registrar) (b) John G Deitch Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2nd year 1944 hour 7 minute 45 M.
21. I hereby certify that I attended the deceased from Jan 1943, to Apr. 2 1944 that I last saw her alive on Mar 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Caecum	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0
23. Signature W. G. Alwood (M. D. or other)
Address Carrollton Mo Date signed 4/3/44

Registrar Mrs James Raffety

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-9-44

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.