

24729

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 610

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 4, Springfield
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural, N. Campbell Twp. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. 4, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-5 1944 to 7-21 1944
that I last saw him alive on 7-7 and that death occurred on the date and hour stated above. 1944

Immediate cause of death Coronary thrombosis
Duration _____

Due to Clot in coronary vessel.

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no
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. F. Freeman (M. D. or other)
Address Springfield Date signed 7-22/44

3. (a) PRINT FULL NAME Arch Edward Starks

3. (b) If veteran, name war No 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 Lora E. Starks 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February (Month) 8, (Day) 1880 (Year)

8. AGE: Years 64 Months 5 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Supt. Industrial Home

11. Industry or business Industrial Home Greene Co.

12. Name Joe B Starks

13. Birthplace unk. Mass. 1
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Boone

15. Birthplace unk. Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lora E. Starks

(b) Address Rural R.F.D. 4, Springfield, Mo.

17. (a) Burial (b) Date thereof 7-24-44
(Burial, cremation, or removal) (Month) (Day) - (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Missouri

19. (a) 7-24-44 (b) J. W. Handley
(Date received local registrar) (Registrar's signature)

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

3900

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.....

Ag. L. Stone Jr.

Licensed Embalmer No.....

4176

P. O. Address.....

Springfield

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.

*