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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6172

State File No.

Registration District No. FILED MAR 1 1945 128

Primary Registration District No. 2000

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hours (Specify whether

In this community 24 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town Greenfield (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 None

3. (a) PRINT FULL NAME WILCOX STARR

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE D

5. Color or race WHITE

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

6. (b) Name of husband or wife LILLIE MAE STARR

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

7. Birth date of deceased June (Month) 3, (Day) 1873 (Year)

8. AGE: Years 71 Months 7 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Isaac Starr
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Crabtree
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie M. Starr

(b) Address Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Sam E. Senseney Jr.

(b) Address Greenfield Mo

19. (a) 2-5-46 (Date received local registrar) (b) O W E Handy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-30-45, 19..., to 2-2, 1945 that I last saw him alive on 2-1-45, 19...; and that death occurred on the date and hour stated above.

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

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 W. O. Cowan (M. D. or other)

Address Greenfield, Mo. Date signed 2-3-45

986

(Licensed Embalmer's Statement on Reverse Side)

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 Sam E. Sevoeney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield 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.