S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 87665

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 132

1. PLACE OF DEATH:

(a) County Livingston

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

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

(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell

(c) City or town Braymer
(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

3. (a) PRINT FULL NAME JAMES LEO STARR

3. (b) If veteran, name war World War I

3. (c) Social Security No. –

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Bertha Starr

6. (c) Age ~~of husband or~~ wife if alive 57 years

7. Birth date of deceased November (Month) 21, (Day) 1888 (Year)

8. AGE: Years 57 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Norbourne, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Carpenter & Painter

11. Industry or business –

FATHER
12. Name James Crawford Starr
13. Birthplace – (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth –
15. Birthplace – (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Dr. Donald Dowell
(b) Address Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Livelock Cemetary, Harding, Mo.

18. (a) Signature of funeral director Gene C. Michael
(b) Address Braymer, Mo.

19. (a) Nov 4-46 (Date received by local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1946 hour minute 5 50 P.M.

21. I hereby certify that I attended the deceased from Nov 3 1946 to Nov 3 1946 that I last saw him alive on Nov 3 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute peritonitis	2 days
Due to perforated gastric ulcer	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 117A	
Major findings: Of operations acute peritonitis & gangrene ileum	
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 R. L. Brennan (M. D.)
Address Chillicothe, Mo. Date signed 11/4/46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.
DEC 3 1946

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.