S. No. 2
M—8-43
. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31845

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 60

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marion County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Township 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise C. Stark
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Stark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 27 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	7	25	hr. min.

9. Birthplace Marion County, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Henry Gottman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Drescher
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Ernest Gottman
(b) Address Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Lewis Bros
(b) Address Palmyra, Missouri
19. (a) 9-27-47 (Date received local registrar) (b) Viola Geer, Deputy (Registrar's signature) 15/2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 15, 1947 to September 2, 1947
that I last saw her alive on September - 15, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Dementia	
Due to	
Due to	
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 107

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) no
(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 C. M. Luke (M. D. or other)
Address Hannibal Mo. Date signed 9-22-47

(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 Leo J. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra - 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.