

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35311**

FILED NOV 5 1947  
Registration District No. **278**

Primary Registration District No. **5954**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: - 1

(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  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike No. 82

(c) City or town Frankford No. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. - (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISSOURI ADDIE STARK

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife JAMES GOLDBERRY STARK

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

7. Birth date of deceased DEC 6 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 9 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Henry Bailey

13. Birthplace Mo. Warren  
(City, town, or county) (State or foreign country)

14. Maiden name Haden

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Melvyn Franklet

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof Oct 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford Mo

18. (a) Signature of funeral director: Frankford Mo

(b) Address Frankford Mo.

19. (a) 10-8-47 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature) 278

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 No. 80  
year 1947 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 9/30 1947 to 9-130 1947  
that I last saw u alive on 9-30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Duration 1 Day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 35A

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 2

23. Signature J M Walker (M. D. or other) 100

Address Bowling Green Date signed 10/30

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-1522  
NOV - 4 1947  
Date Filed

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 Joe Fields Neeson  
Licensed Embalmer No. 4093  
P. O. Address Jackson, 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.