No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42106

FILED DEC 30 1947

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 199

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural Twin Groves ~~Township~~ or Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3 miles North & 2 miles West
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles North & 2 Miles west of Webb City Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lulu Alma Stark

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife W.H. Stark

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

7. Birth date of deceased September (Month) 5 (Day) 1873 (Year)

8. AGE: Years 74 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name A. L. Howe
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Margaret Lewis
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant W. H. Stark husband
(b) Address R.R.#1 Webb City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri

19. (a) DEC. 23; 1947 (Date received local registrar) (b) [signature] (Registrar's signature) 12 P.M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 12-21, 1947, to 12-21, 1947
that I last saw her alive on 12-21, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	6 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 2

23. Signature [signature] (M. D. or other) DO

Address 624 W Bdwy Webb City, Mo Date signed 12/23/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-969

Gregory

NS AUG 22 1960

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 Leonard J. Lewis Jr., Registered Apprentice No. 44, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.