

No. 300
4-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16833

State File No. _____

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Lafayette

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

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

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington 54
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? no (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME FRED STARK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1948 hour 10 minute 45 AM

21. I hereby certify that I attended the deceased from Jan 28 to Feb 5, 1948
that I last saw him alive on Feb 4, 1948
and that death occurred on the day and hour stated above.

4. Sex Male 5. Color White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 30 1874
(Month) (Day) (Year)

Immediate cause of death Rheumatic heart Duration 10 years

8. AGE: Years 73 Months 6 Days 5 If less than one day _____ hr. _____ min. _____

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95 B

11. Industry or business _____

MOTHER FATHER { 12. Name Julius Stark 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Augustine Schutte

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy none held

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mary Schubert

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof Feb 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Joseph H. Tempel

(b) Address Lexington, Mo.

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

19. (a) 2/6/48 (b) Thomas S. Emphig
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Cope (M.-D. or other) _____
Address Lexington, Mo. Date signed 2/6/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-2-48

copy

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 Geo. M. Kear

Licensed Embalmer No. 2983

P. O. Address Levington, Wis

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.