

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23166**
Registrar's No. **2927**

FILED JUL 22 1948
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STEVA NURSING HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 DAYS** (Specify whether
In this community **25 YEARS** years, months or days)

3. (a) PRINT FULL NAME **MISS. JULIA ROSETTA IDA STARCKE**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **APRIL 9 1869**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | 79 | 3 | 5 | hr. min. |

9. Birthplace **NAUMBURG GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **AT HOME**

MOTHER FATHER
12. Name **DR. BERNHARD STARCKE**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA FALK**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Walter Starcke**
(b) Address **2040 Cypress Street**

17. (a) **CREMATION** (b) Date thereof **JULY 19 1948**
(Burial, cremation, or inhumation) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMER'S SONS**

18. (a) Signature of funeral director **D.W. Newcomer's Sons**

(b) Address **1401 Bank and Blvd.**

19. (a) **7-16-48** (b) **Gertrudine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **2040 CYPRESS STREET**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **GERMANY**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **14 TH**
year **1948** hour **6** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Apr. 24** 19**48**, to **July 14** 19**48**
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Common
Due to **Chronic Nephritis**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____
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 **0**
Signature **P.P. Miller** (M. D. or other)
Address **1800 A. P. ...** Date signed _____

H-8

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~~ _____

was not embalmed

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John E. Franking

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.