DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39345

Registration District No. 198 Primary Registration District No. 5276A Registrar's No.

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2111 Gentry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 81 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: North Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 2111 Gentry
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Robert Hill Storms 3 L.R
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mary Ries Storms
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: January 8, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	7	29	____ hr. ____ min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: Coal Dealer
11. Industry or business: ____
FATHER 12. Name: James R. Storms
FATHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret Ann Maddox
MOTHER 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: C. S. Storms
(b) Address: Waurika, Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 9, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty, Mo.
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: 832 Armour Road, North K. C. Mo.
19. (a) Nov 12-1939 (Date received local registrar) (b) Viola C. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7 year 1939 hour 11:30 minute P M.
21. I hereby certify that I attended the deceased from Sept 3, 1939, to Sept 7, 1939, that I last saw alive on Sept 7, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to: apoplexy
Due to: hypertension — 7 Interstitial arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: CPB
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? (Specify type of place)
(e) While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other)
Address: North K. C. Mo Date signed 9/8/39

L.M.A. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/29/39

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

Harold L. Posson, Registered Apprentice No.

working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North 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, above space should be left blank.