

Registration District No. 1940 Primary Registration District No. 60240

1. PLACE OF DEATH:
(a) County Desloge mo
(b) City or town Desloge mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 (Specify whether years, months or days)
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILBURNE STORY 21
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12 year 1940 hour _____ minute 40 M.

4. Sex man 5. Color or race wh 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Ella Story 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 2 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death Arterio-sclerosis Duration _____
Nephritic Chr.
Valvular Insufficiency 2 yrs
Due to _____
Due to _____

9. Birthplace Cape County mo (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 121

10. Usual occupation Teacher

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

MOTHER FATHER { 12. Name Jessie P. Story
13. Birthplace Cape Co mo (City, town, or county) (State or foreign country)

14. Maiden name Antelbon
15. Birthplace Cape Co mo (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Jurgenia Wells
(b) Address Desloge mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Anthony

(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? _____

18. (a) Signature of funeral director Sparks & Son
(b) Address Desloge mo

While a worker (Specify type of place) (e) Means of injury _____

19. (a) 2/9/40 (Date received local registrar) (b) W. P. [Signature] (Registrar's signature)

23. Signature W. P. [Signature] (M. D. or other) Address Tilat River mo Date signed 2/17/40

MARGIN RESERVED FOR BINDING
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.

50M-5-17-39
Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE

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.....

Murphy Leonard Sparks, Registered Apprentice No. 241
working under my personal supervision.

Signed Ewert Sparks

Licensed Embalmer No. 2639

P. O. Address Elkins 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.

Registration District No. **779**

Primary Registration District No. **6024a**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME Wilburn Story

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-9-40 (b) W.P. Duckworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Feb day 12 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature C.B. Farrar (M. D. or other) _____
Address 227 River Date signed _____

SUPPLEMENTAL

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

