

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11220

Registration District No. 1100

Primary Registration District No. 5532B

Registrar's No. 37

## 1. PLACE OF DEATH:

- (a) County Jackson, Prairie, Mo.  
 (b) City or town Little Blue  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
J. E. Home ✓  
 (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 Lee A. Storg 3603. (b) If veteran, name war no3. (c) Social Security No. 495-03-82134. Sex male5. Color or race White6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Feb  
 (Month)1-1895  
 (Day) (Year)8. AGE: Years 45 Months 00 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Mo. \_\_\_\_\_  
 (City, town, or county) (State or foreign country)10. Usual occupation metal worker11. Industry or business Unknown12. Name Unknown13. Birthplace Mo. Unknown  
 (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Ernest Jackson(b) Address J. E. Home17. (a) removal (b) Date thereof 2-18-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Nelson New Leam18. (a) Signature of funeral director Ketter Lin(b) Address K. E. Home19. (a) 3-7-40 (b) Chas. G. Bond  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Jackson  
 (c) City or town Prairie  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. J. E. Home  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16  
 year 1940, hour 9 minute 10 A.M.21. I hereby certify that I attended the deceased from  
2-1, 1940, to 2-16, 1940  
 that I last saw him alive on 2-15, 1940  
 and that death occurred on the date and hour stated above.Immediate cause of death initial resuscitation  
 Duration \_\_\_\_\_

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 J. R. Green (M. D. or other) \_\_\_\_\_  
 Address Independence Mo Date signed 2/17-40

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**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..... *W. J. Ward* .....

Licensed Embalmer No..... *3991* .....

P. O. Address..... *5725 Virginia* .....

**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.**