

No. 2
-13-40
-17-39
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4575

State File No. _____

Registration District No. 837

Primary Registration District No. 6099

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Aid, Mo. CASTLETON
(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 years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Aid, Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME NANCY STORY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank Story, Deceased 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased 7 (Month) 20 (Day) 1866 (Year)

8. AGE: Years 74 Months 5 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lenuel Story

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

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas Stevens

(b) Address Dexter, Mo. Route.

17. (a) Burial (b) Date thereof Jan. 2, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Valley cem.

18. (a) Signature of funeral director B. B. B. and Co.

(b) Address Bloomfield, Mo.

19. (a) Jan. 7, '41 (b) Boonie Punch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st
year 1941 hour 4:45 minute _____ a.m. _____

21. I hereby certify that I attended the deceased from MAY 2, 1940, to NOV. 2, 1940
that I last saw her alive on NOV. 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death SENILE DEBILITY

Due to _____

Due to _____

Other conditions 1628
(Include pregnancy within 3 months of death)

Major findings: B
Of operations _____

Of autopsy _____

Duration _____

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? _____

895 (Specify type of place) _____
While at work? _____ (e) Means of injury 2

23. Signature B. B. B. and Co. (M. D. or other) NO

Address BLOOMFIELD Date signed 1-7-41

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

3

RECEIVED

District Health Officer No. 2,

District File Number 741-231

Date Filed 2/12/41

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 DECEASED WAS NOT EMBALMED

Licensed Embalmer No.....

P. O. Address.....

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.