

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6225  
Do not use this space.

FILED MAR 3 1942

1. PLACE OF BIRTH

(a) County Cape Girardeau Registration District No. 126  
(b) Township Sturley Primary Registration District No. 5181 Registered No. 2  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JERAL KLEEN JAMES STORALL

(a) Residence, No. RURAL St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1941  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 18.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER 13. NAME Kenneth Storall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge Mo

MOTHER 15. MAIDEN NAME Jessie Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rehman Ark

17. INFORMANT (ADDRESS) Kenneth Storall 19329 Wisconsin St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Thorndeville Cemetery DATE Jan 7 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McClord & Fee Co Jackson Mo

20. FILED Jan 12 1942 A. H. Maecher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1942

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1942 to Jan 6 1942  
I last saw h. or alive on Jan 6 1942. Death is said to have occurred on the date stated above, at 3 A. m.  
The principal cause of death and related causes of importance were as follows:

Lobopneumonia  
Date of onset 3 days  
108

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. W. Swanley, M. D.  
(Address) Allenville Mo

RECEIVED  
District Health Officer No. 4  
District File Number 242-23  
Date Filed 2-12-42

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.....  
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, above space should be left blank.