S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37889

Registration District No. 303 Primary Registration District No. 6044 Registrar's No. 7

91 0 0

1. PLACE OF DEATH:
(a) County Ripley. Twp. of Pine. 2wp
(b) City or town Rural 0
(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)

2. USUAL RESIDENCE OF DECEASED: 91
(a) State Missouri (b) County Ripley 0
(c) City or town Rursl 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural, Pine, Missouri.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Samuel Story
3. (b) If veteran, name war
3. (c) Social Security No. 488-12-4865
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edeth Story
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Jan. (Month) 13 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
42	10	16	hr. min.

9. Birthplace Ripley Co. MO. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Wesley Story
13. Birthplace Texas Co. Mo. (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name Nellie Ellen SAnders
15. Birthplace Tennessee McNary CO (City, town, or country) 0 (State or foreign country)
16. (a) Informant Nellie Ellen Sanders
(b) Address Pine Missouri
17. (a) Burial etry (Burial, cremation, or removal) (b) Date thereof 11/ 17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pine Cemetry
18. (a) Signature of funeral director E. L. Sutton
(b) Address Bardley, Mo.
19. (a) 11-17-42 (Date received local registrar) (b) G G Sprague (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1942 hour 13:16 minute P M.
21. I hereby certify that I attended the deceased from ON 11/14/ 1942 to 19; that I last saw him alive on 11 / 14 / 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitis — Duration 6 yr.
Died in Coma.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

61

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)
While at work? (e) Means of injury

23. Signature J. Edw. Hamilton (M. D. ~~coroner~~)
Address Monticello, Mo. Date signed 11-16-42

676 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 12421026
Date Filed 12-7-42

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, fact should be so stated above.