No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2929

Primary Registration District No. 2000

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1821 N. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 43 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

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

(d) Street No. 1821 N. Main
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida May Story

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew F. Story

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

7. Birth date of deceased March (Month) 27 (Day) 1858 (Year)

8. AGE: Years 85 Months 10 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Casper W. Busey
13. Birthplace Unk. (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Hingins
15. Birthplace Unk. (City, town, or county) Penneylvania (State or foreign country)

16. (a) Informant Gail Story

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-31-44 (Date received local registrar) (b) Br W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1944 hour 4 minute 50 p. M.

21. I hereby certify that I attended the deceased from Jan 26, 1944, to Jan 28 1944 that I last saw her alive on Jan 26 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	12 hrs.
Due to Arteriosclerosis and hypertension	2 yrs +
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

94a

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 H.P. Maddrix O (M.D. ~~or other~~)

Address Springfield, Mo. Date signed 1-29-44

944

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1953

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 L Paulin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.