

FILED AUG 10 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 187

333

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

1. PLACE OF DEATH
(a) County Adair
(b) City or town Richsville
(c) Name of hospital or institution: 803 W. Jefferson
(d) Length of stay: In hospital or institution _____
In this community Life time
years, months or days 1 ANN

3. (a) PRINT FULL NAME Ruth Story
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 24 1986
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nurse

11. Industry or business _____

MOTHER FATHER

12. Name A. E. Story
13. Birthplace Willmottville, Mo.
14. Maiden name Gora Whelan
15. Birthplace Willmottville, Mo.

16. (a) Informant Stanley Story
(b) Address Willmottville, Mo.

17. (a) Burial (b) Date thereof 7-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willmottville

18. (a) Signature of funeral director Summers Howell
(b) Address Richsville, Mo.

19. (a) 7-27-44 (b) Mrs. L. Wayman
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair
(c) City or town Richsville
(d) Street No. 803 W. Jefferson
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1944 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 20
1944 to July 20 1944
that I last saw h. _____ alive on July 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack
Coronary occlusion

Due to _____
Due to PTA
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
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? _____

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

23. Signature Wm W. Lough (M. D. or other) DO
Address Richsville, Mo. Date signed July 22

RECEIVED

Director Health Officer No. 10

District File Number 8-44-1387

Date Filed AUG 9 1944

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. C. Summers

Licensed Embalmer No. 2159

P. O. Address Richsville Mo.

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.