

FILED AUG 7 1947

Registration District No. 769

Primary Registration District No. 5621

1. PLACE OF DEATH:
(a) County... Knox Lyon
(b) City or town... Hurdland West Hurdland rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 12 days (Specify whether)
In this community... 12 days
years, months or days

3. (a) PRINT Nathaniel Stormes
FULL NAME
(b) If veteran, name war...
(c) Social Security No. 441-22-2879

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife...
6. (c) Age of husband or wife if alive... 19 years
7. Birth date of deceased... November (Month) 1928 (Day) (Year)

8. AGE: Years 21 Months 4 Days 5
If less than one day hr. min.

9. Birthplace... Hollinsville Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation... Common Labor

11. Industry or business

12. Name... Willie Stormes

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

14. Maiden name... Lorene Rand

15. Birthplace... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant... Lorene Cochran

(b) Address... 709 Warfield, K.C. Mo.

17. (a) Removal (b) Date thereof... July 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Kansas City, Kansas

18. (a) Signature of funeral director... Keith Hudson

(b) Address... Edina, Missouri

19. (a) 7-29-47 (b) Phillip S. Nunant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Kansas (b) County... Wyandotte
(c) City or town... Kansas City 979
(If outside city or town limits, write "RURAL") 14
(d) Street No... 709 Warfield
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from...
... 19... to ... 19...;
that I last saw him... alive on... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death...
Came to his death by drowning
in Pond 1/4 mile north of
A.T & S.F. Depot, West Hurdland
Missouri.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations... 183
Of autopsy... 110

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)... Accident 52

(b) Date of occurrence... July-26-1947

(c) Where did injury occur? West Hurdland Knox Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1/4 mile North of West Hurdland Depot
(Specify type of place) (e) Means of injury Drowning 3

23. Signature... Keith Hudson (M. D. or other) Coroner

Address... Edina, Missouri Date signed... 7-28-47

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

2-43
7-39
X35697

AUG 20 1947

RECEIVED
District Health Officer No. 10
District File Number 8-47-1025
Date Filed AUG - 5 - 1947

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 Frank Hudson

Licensed Embalmer No. 2413

P. O. Address Edina, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. 154

Registration District No. 169 Primary Registration District No. 5621

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Rural
(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

3. (a) PRINT FULL NAME Nathaniel Stormer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race B

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Nov 19 1909
(Month) (Day) (Year)

8. AGE: Years 21 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Home Cochran

(b) Address 709 - Taylor, Kansas City

17. (a) _____ (b) Date thereof Kansas
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1949 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

24659