

REC'D JAN 25 1939

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

44847

Do not use this space.

## 1. PLACE OF DEATH

(a) County Webster 2 Registration District No. 896  
(b) Township Grant Primary Registration District No. 6199 Registered No. 37  
(c) City Marshfield 1 (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

360 John Andrew Storey  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 xx

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1868

7. AGE YEARS 70 MONTHS 3 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) Summer 1938 11. Total time (years) spent in this life occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harristown, Illinois

FATHER 13. NAME William Storey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Claremont, Ont. Canada

MOTHER 15. MAIDEN NAME Martha Stancel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome, Georgia

17. INFORMANT (ADDRESS) Clara B. Seigfreid Shelbyville, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Epworth DATE Nov. 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey Marshfield, Missouri

20. FILED Dec. 29, 1938 Clayton Highley Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1938, to Nov. 23, 1938

I last saw him alive on Nov. 23, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Uremic Poisoning Date of onset 11-17-38

Other contributory causes of importance:

Cirrhosis of liver, atrophic. Probably of a number of years duration

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Uremia 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) J. E. D. D. C. M.D.

(Address) Marshfield, Mo.

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, X

Rex Rainey

, or by X

Registered Apprentice No. X working under my personal supervision.

Signed

Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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, above space should be left blank.