

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38751**  
Registrar's No. **4515**

Registration District No. **299**

Primary Registration District No. **1602**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **K.C. General Hospital, K.C. Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**  
(Specify whether  
In this community **50 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**  
(c) City or town **Kansas City, Missouri**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2408 E. 11th St., K.C. Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Herbert C. Storen** **365**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **490-16-6674**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaret Storen** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **May 27th** **1880**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **5** Days **28** If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired livestock dealer**

11. Industry or business **Insurance**  
MOTHER FATHER { 12. Name **Gertrude John Storen**  
13. Birthplace **Canada**  
(City, town, or county) (State or foreign country)  
14. Maiden name **No record**  
15. Birthplace **No record**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Margaret Storen**  
(b) Address **2408 East 11th St., K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 27, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Quindaro, Cemetery.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**  
(b) Address **918 Brooklyn, K.C. Mo.**

19. (a) **Nov 27, 1939** (b) **M. M. Brown**  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **25th**  
year **1939** hour **3** minute **40 P** M.

21. I hereby certify that I attended the deceased from **Nov. 21st**, 19**39**, to **Nov. 25th**, **39**;  
that I last saw him alive on **Nov. 25th, 1939**, and that death occurred on the date and hour stated above.

Immediate cause of death **Adrenal adenoma**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Hypertensive heart disease and terminal bronchopneumonia**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **See above**

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 **P. J. De Marco M.D.** (M. D. or other)  
Address **Supt. K.C. General Hospital** Date signed **11-27-**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

0010-0-17-39  
Rev. 5-17-39  
U. S. GOVERNMENT PRINTING OFFICE: 1938

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Reginald C. Browning

..... Licensed Embalmer No. 2724

..... P. O. Address H. C. Mt

**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.**