APR 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11251

Registration District No. 395 Primary Registration District No. 5551A Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson Snabar Twp

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

(c) Name of hospital or institution: Snabar, Twp. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution March 21st to 24th, 1940 (Specify whether In this community years, months or days) 315

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Grain Valley, Mo (If outside city or town limits, write "RURAL")

(d) Street No. Gen. del. (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MRS. ALTHA STORMS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife Edw. E. Storms

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 6 (Day) 1873 (Year)

8. AGE: Years 66 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation Home wife

11. Industry or business

FATHER
12. Name J. K. Purr
13. Birthplace Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. E. Storms

(b) Address Grain Valley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director R B Wirt

(b) Address Blue Springs Mo

19. (a) April 11, 1940 (Date received local registrar) (b) Mrs Thomas Plotwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th year 1940 hour 12:15 minute 9 M.

21. I hereby certify that I attended the deceased from March 15th, 1940 to March 28, 1940, that I last saw her alive on March 27, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	6 mos
Due to Vascular degeneration — arterial	
Due to Chronic nephritis	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations Diagnosis confirmed by Research Hospital K.C. Mo

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. G. Rowe (M. D. ~~or other~~)

Address Blue Springs, Mo Date signed 3-29-40

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(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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. 2353, working under my personal supervision.

Signed RB Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.