

Registration District No. 148

Primary Registration District No. 5212

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cass
(b) City or town 1 mi. north Belton
(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

8. (a) PRINT FULL NAME Miss Norma Lucille Storm

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased May 22, 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Graduate

11. Industry or business Paseo High School

12. Name Clyde W. Storm

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

14. Maiden name Fern Garrison

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

16. (a) Informant's own signature Mr. Clyde W. Storm

(b) Address 4214 Michigan, K. C. Mo.

17. (a) Removal to K. C. Mo. (b) Date thereof July 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director D. M. Miller's

(b) Address 1401 Bush Creek, K. C. Mo.

19. (a) July 1-40 (b) D. M. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jac
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4214 Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1940 hour 11 minute 30 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 Accidental drowning 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) accident

(b) Date of occurrence 7-1-40

(c) Where did injury occur? NEFF LAKE 1 MI. N OF BELTON
(City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) (e) Means of injury Drowning

23. Signature E. M. Miller (M.D. or other) 7/1/40
Address Harrisonville Mo. Date signed _____

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.

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

H. C. Newman Jr.

Licensed Embalmer No. *4045*

P. O. Address

H. C. Newman Jr.

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.