No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26364

Registration District No. 834 Primary Registration District No. 4509 Registrar's No.

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

1. PLACE OF DEATH
(a) County Stoddard
(b) City or town Dexter
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME Christy Mayberry Story
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 17 1874 (Month) (Day) (Year)
8. AGE: Years 67 Months 3 Days 13 If less than one day ..... hr. ..... min.
9. Birthplace Bloomfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
MOTHER FATHER
12. Name Wm. Story
13. Birthplace Bloomfield Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Poe
15. Birthplace Bloomfield Mo (City, town, or county) (State or foreign country)
16. (a) Informant Lena Story McClure
(b) Address Dexter Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 41 (Month) (Day) (Year)
(c) Place: burial or cremation Hart
18. (a) Signature of funeral director Walkins Funeral Home
(b) Address Dexter
19. (a) 8/4/1941 (Date received local registrar) (b) Jennie Burton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1941 hour 2 a.m. minute ..... M.
21. I hereby certify that I attended the deceased from Nov. 15, 1940, to June 30, 1941; that I last saw him alive on June 29th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Cause unknown	
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 D. R. Cannon (M. D. or other) D.O.
Address Dexter Date signed 7/1/41

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 841-10
Date Filed 8-12-41

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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.