. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5662

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 834

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: Research Hospt. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether

In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence, (If outside city or town limits, write "RURAL") 1

(d) Street No. 1008 So. Hocker (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME William Henry Story

3. (b) If veteran, name war --------

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Susan A. Story

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 21, 1887 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	8	6	hr. min.

9. Birthplace Bowne Lincolnshire 4 England (City, town, or county) (State or foreign country)

10. Usual occupation Upholstering

11. Industry or business

FATHER
12. Name George Story
13. Birthplace Kirton 4 England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Williams
15. Birthplace 4 England (City, town, or county) (State or foreign country)

16. (a) Informant Susan A. Story

(b) Address 1008 S. Hocker

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1.1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Missouri

19. (a) 3/1/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 27th year 1942 hour 1 minute 40 p M.

21. I hereby certify that I attended the deceased from 6/28/41, 19, to 2/27, 1942 that I last saw him alive on 2/27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Liver	1 yr.
Due to Metastatic	
Carcinoma Left Colon	
Due to descending	1 1/2 yr
Other conditions (Include pregnancy within 3 months of death) 46 E	

Major findings: Of operations Metastasis to Liver. Colon Cancer

Of autopsy Yes. same.

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) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)

While at work? (e) Means of injury X

23. Signature [signature] (M. D. or other) M.D.

Address 1016 Phy. Bldg. Date signed 2/28/42

361 (Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

NOV 24 1947

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 Roland Peaks

Licensed Embalmer No. 3604

P. O. Address Independence M

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, fact should be so stated above.