

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 13 1942

Registration District No. 3-3-7 346

Primary Registration District No. 5484

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Hatfield Lincoln Township  
(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:  
In this community 11 Years Six Month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Hatfield  
(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. ? 0 years.

3. (a) PRINT FULL NAME Ransom Alexander Stormer

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex M race W 5. Color or W 6. (a) Single, widowed, married, divorced 1 M

7. (b) Name of husband or wife Mary Alice Stormer 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Mar 30 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Red River County Texas /  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Adam H Stormer

13. Birthplace Tenn /  
(City, town, or county) (State or foreign country)

14. Maiden name Hester Cogger  
(City, town, or county) (State or foreign country)

15. Birthplace Kentucky /  
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Higdon  
(b) Address Bethany Mo

17. (a) Burial (b) Date thereof June 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cogger Cemetery

18. (a) Signature of funeral director W. G. Noble  
(b) Address New Hampton Mo

19. (a) 7-3-1942 (b) Char Adair  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1942 hour 10:45 minute 1 P.M.

21. I hereby certify that I attended the deceased from Feb 10 1942 to June 27 1942  
that I last saw him alive on June 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation of the heart

Due to 92

Other conditions 92  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None  
23. Signature J. Ross MD (M. D. or other)  
Address Grubbs Mo Date signed 7-1-42

Duration

5-4-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*W G Noble*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*W G Noble*

Licensed Embalmer No. *2904*

P. O. Address. *New Hampton 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, fact should be so stated above.**