S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. MARTIN 29650

Registrar's No. 217

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 407 N. Main
(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 Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 407 N. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosetta Story
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
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 October (Month) 9 (Day) 1866 (Year)
8. AGE: Years 75 Months 11 Days 17 If less than one day hr. min.
9. Birthplace Morgan County, (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name B. Franklin Story
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Nancy McManus
15. Birthplace (City, town, or county) N. Carolina (State or foreign country)
16. (a) Informant Altona Story
(b) Address Queen City, Mo.
17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 9-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Queen City, Cemetery
18. (a) Signature of funeral director Mrs Laura Riley
(b) Address Kirksville, Mo.
19. (a) 9/30/42 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1942 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from Sept 21, 1942, to Sept 25, 1942 that I last saw he was alive on Sept 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy — Duration: 4 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): 830
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. L. Martin (M. D. or other) DO
Address Kirksville Date signed 9/30/42

1049 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1874
Date Filed OCT 12 1942

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. ~~3907~~,

working under my personal supervision.

Signed Mrs. Lawrence Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.