S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7173

State File No.

FILED MAR 11 1943 ~~24~~ 266

Registration District No.

Primary Registration District No. 5898

Registrar's No. ~~25~~ 1

77
0
0

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

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Rural- Richland Twp

(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 3 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77

(c) City or town Dora- Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William H.Story

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Story

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

7. Birth date of deceased July (Month) 7 (Day) 1877 (Year)

8. AGE: Years 65 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Shannon County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Abe Story
13. Birthplace Shannon County (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Arta Thompson
15. Birthplace Shannon County (City, town, or county) 0 (State or foreign country)

16. (a) Informant Doin Hill

(b) Address Dora, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sweeten Cemetery

18. (a) Signature of funeral director Clinkingbeard Fn Home

(b) Address Gainesville, Missouri

19. (a) 2-1-1943 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature) Local Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1943 hour 1:35 minute A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Diebetes	
Other conditions This man died without medical aid (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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 Margaret Hutchison Local Registrar (M. D. or other)

Address Gainesville, Mo. Date signed 2-1-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 343-347
Date Filed MAR 10 1943

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville 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.