

FILED MAR 20 1944

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Ava
 (c) Name of hospital or institution: Bentons
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
 (c) City or town Ava,
 (If outside city or town limits, write "RURAL")
 (d) Street No. Bentons Sup
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME R. Luther 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 Sallie Story 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 23, 1871
 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Roseville, Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Isaac Story

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

14. Maiden name Bush

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

16. (a) Informant Sallie Story
 (b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 3-1-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AVA

18. (a) Signature of funeral director Clintbeard Funeral Home While at work? _____ (Specify type of place)

(b) Address Ava, Missouri (c) Means of injury _____

19. (a) 3-1-1944 (b) Miss G. R. Spurlock
 (Date received local registrar) (Deputy Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
 year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Mar 14
 1943 to Feb 24 1944
 that I last saw him live on Feb 20 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chromyocarditis

Due to _____

Due to _____

Other conditions 93d
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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? _____

Duration 5 min

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

34
 1
 0

1056

B. P. M. Norman
RECEIVED
District Health Officer No. 6
District File Number 344-379
Date Filed MAR 16 1944

APR 28 1944

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 *Area No*

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.