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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 13 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31100**  
Registrar's No. **246**

Registration District No. **146** Primary Registration District No. **3026**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Independence, Missouri**  
(c) Name of hospital or institution: **311 South Main**  
(d) Length of stay: **40** Years  
In this community **40** Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(d) Street No. **1114 West Elm**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **LAVIGA AVERY STORIE**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **490-10-5180**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **17** year **1944**  
21. I hereby certify that I attended the deceased from **19** to **19**  
that I last saw him alive on **19** and that death occurred on the date and hour stated above.

4. Sex **Male**  
5. Color of race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Retta Jewell Storie**  
6. (c) Age of husband or wife if alive **34** years  
7. Birth date of deceased **June 6 1904**

Immediate cause of death **Distention of the heart with pulmonary edema**  
Due to **Distention of the heart with pulmonary edema**

8. AGE: **40** Years **3** Months **11** Days

Due to **Distention of the heart with pulmonary edema**  
Other conditions **None**  
Major findings: **95c4**

9. Birthplace **Kansas City Missouri**  
10. Usual occupation **Laborer**

MOTHER FATHER  
11. Industry or business  
12. Name **Thomas Avery Storie**  
13. Birthplace **Unknown No. Carolina**  
14. Maiden name **Sallie Ann Lane**  
15. Birthplace **Unknown Texas**

Physician **95c4**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Retta Jewell Storie**  
(b) Address **1114 West Elm, Independence, Mo.**  
17. (a) **Burial 1** (b) Date thereof **9-20-44**  
(c) Place: burial or cremation **Mt Moriah**  
18. (a) Signature of funeral director **George C. Carson**  
(b) Address **Independence, Missouri**  
19. (a) **9-19-1944** (b) **James W. Ross**

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**  
23. Signature **James W. Ross** Date signed **9/17/44**

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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 Gloyd C. Causers  
Licensed Embalmer No. 4199  
P. O. Address Independence, 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.**