

FILED DEC 9 1944/49

Registrar's No. 4788

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County... Jackson
(b) City or town... Kan City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
622 Benton
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution...
In this community... 30 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME... George W. Storeman
3. (b) If veteran, name war... no
3. (c) Social Security No... none

4. Sex... M
5. Color or race... W
6. (a) Single, widowed, married, divorced... 0
6. (b) Name of husband or wife...
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... April 21, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 1 hr. min.

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

10. Usual occupation... farmer

11. Industry or business... Retail

MOTHER FATHER { 12. Name... Ed W. Storeman
13. Birthplace... Mo
(City, town, or county) (State or foreign country)
14. Maiden name... no record
15. Birthplace... mo
(City, town, or county) (State or foreign country)

16. (a) Informant... Miss Eliza Storeman
(b) Address... 1513 Adams

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof... 11/28/44
(Month) (Day) (Year)
(c) Place: burial or cremation... St Hope Cem

18. (a) Signature of funeral director... James Mayberry
(b) Address... 2315 Lemay

19. (a) 11-27-44
(Date received local registrar) (b) T. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... 48
(c) City or town... Kan City 3
(If outside city or town limits, write "RURAL")
(d) Street No... 622 Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov. day... 22
year... 1944 hour... 4 minute... 30 A.M.
21. I hereby certify that I attended the deceased from... Nov
1st, 1944, to Nov. 22, 1944
that I last saw him alive on... Nov 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Due to... Prostatic Hypertrophy
Due to... Senile wastes
Other conditions... (Include pregnancy within 3 months of death)
Major findings:
Of operations... No
Of autopsy... No
Duration
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)... None
(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?

While at work? (Specify type of place) (e) Means of injury...
23. Signature... Thaddeus (M. D. or other)
Date signed... 11-27-44

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

Storeman

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.....

Ray E. Snow

Licensed Embalmer No.....

2566

P. O. Address.....

R C Snow

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.