

Registration District No. **59**

Primary Registration District No. **4097**

Registrar's No. **177**

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

1. PLACE OF DEATH:
 (a) County **Cass**
 (b) City or town **Harrisonville, Mo**
 (c) Name of hospital or institution **Green Hospital**
 (d) Length of stay: In hospital or institution **23 days**
 In this community **30 days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Texas** (b) County **Henry**
 (c) City or town **Durham, Okla**
 (d) Street No. **none**
 (e) Citizen of foreign country? **no**

3. (a) PRIST FULL NAME **Pearl May Storm**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **25th.** year **1944** hour **9:** minute **50 P.M.**
21. I hereby certify that I attended the deceased from **Nov. 1** **1944** to **Nov 25** **1944**
 that I last saw her alive on **Nov. 25** **1944** and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **M**
 (b) Name of husband **Geo. Everett Storm** 6. (c) Age of husband **13** years alive **13** years

Immediate cause of death **embolism on Right side of brain**
 Due to **of embolism on Right side of brain**
 Due to **Complete paralysis on L. side**
 Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years **54** Months **5** Days **1** If less than one day _____ min.
9. Birthplace **Brackenridge, Mo**
10. Usual occupation **Stairwiper**

Major findings: Of operations **none**
 Of autopsy **no**
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or Business _____
12. Name **John Hovis**
13. Birthplace **Penn.**
14. Maiden name **Effie Irene Feeder**
15. Birthplace **Mason, Ill.**
16. (a) Informant **Geo E Storm**
(b) Address **Durham, Oklahoma**
17. (a) Burial **Peoria, Ill.** (b) Date thereof **11/28/44**
(c) Place: burial or cremation _____
18. (a) Signature of funeral director **Arthur V. Sw...**
(b) Address **Harrisonville, Mo**
19. (a) Nov. 26, 1944 (b) **Margaret**

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? **no** (Specify type of place) _____ means of injury **✓**
23. Signature **Dr. J. H. ...** (M. D. or other) **Dr.**
 Address **Harrisonville, Mo** Date signed **Nov 26**

DEC 10 1945

JAN 12 1945

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.

Signature

Lloyd Atkinson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

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.