S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

Dr. Albert Martin

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37981

Registration District No. 217 Primary Registration District No. 43285785 Registrar's No. 78

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Rural Cape Prairie Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(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 Miss
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles South Bertrand Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CLAUD DENVER STORM.

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 Sola Bernice Storm 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) 1 (Day) 1873 (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Jonath Yegger Storm
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sola B. Eaton
15. Birthplace Lebanon (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Lorain Storm
(b) Address Bertrand, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo

19. (a) 10-2-45 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Aug. 10-45, 1945, to Sept 16, 1945 that I last saw him alive on Sept 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration

Due to Myocardial disease of Heart

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

940

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 A. J. Martin (M. D. ~~or other~~)
Address East Prairie Mo Date signed 10/2-45

1541

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1145-32
Date Filed 31-8-45

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 Travis Shelby

Licensed Embalmer No. 27026

P. O. Address East Prairie, 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.