No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23266

FILED JUL 29 1946

State File No.

Registration District No. 120 Primary Registration District No. 5447 Registrar's No. 67

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany Rural Howard Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 mile N. East of albany 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Seven Weeks
years, months or days) Home of Earl Parman

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Martinsville Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ Mile NW of Martinsville MO
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George William Stormer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Mary Esther Stormer deceased
6. (c) Age of husband or wife if years
7. Birth date of deceased May (Month) 23 (Day) 1869 (Year)

8. AGE: Years 77 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Harrison Co (City, town, or county) MO (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Adam Stormer
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)
MOTHER
14. Maiden name Hester Kogar
15. Birthplace (City, town, or county) Tenn 1 (State or foreign country)
16. (a) Informant Tommie Stormer
(b) Address Martinsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kogar Cemetery
18. (a) Signature of funeral director W G Noble
(b) Address New Hampton MO
19. (a) July 10-1946 (Date received local registrar) (b) Homer N. Nebstein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1946 hour 11 minute 5 a M.
21. I hereby certify that I attended the deceased from May 30, 1946, to July 2, 1946
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J N Bangor (M. D. or other)
Address Albany Mo Date signed 7-10-46

103 (Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.