

S. No. 2
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FILED MAR 21 1947

Registration District No. **1847**

Primary Registration District No. **5068**

Registrar's No. **32**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural (Bliss)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1425 Sterling 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days) 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 527 Crystal 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Noah Webster Storms

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 23 1849
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>97</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace New Rock Springs Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Yard Master

11. Industry or business Missouri Pacific R. R.

MOTHER, FATHER

12. Name Jacob Storms

13. Birthplace Pa
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stump

15. Birthplace Pennsylvania Pa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Dehoney

(b) Address Raytown Missouri

17. (a) Burial (b) Date thereof Feb 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Blakely

(b) Address Raytown Missouri

19. (a) 2-26-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 14, 1947, to Jan 31, 1947
that I last saw him alive on Jan 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 17 da
Due to arteriosclerosis chronic

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. B. Hickerson (M. D. or other) _____
Address Independence Mo Date signed Feb 1 1947

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 *E. Clark Hegert*
Licensed Embalmer No. *3983*
P. O. Address *Raytown, 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.