S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18911

Primary Registration District No. 4097

Registrar's No. 108

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memoral Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Mo. (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 19
(c) City or town Pleasant Hill 2
(If outside city or town limits, write "RURAL")
(d) Street No. 215 Campbell 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sallie J. Storms
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife X.S. Storms
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased Dec. 12 1868 (Month) (Day) (Year)

8. AGE: Years 79 | Months 6 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Urbana, Ill (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business George Thompson
FATHER
12. Name
13. Birthplace Urbana, Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Clayton
15. Birthplace Urbana, Ill (City, town, or county) (State or foreign country)
16. (a) Informant X.S. Storms
(b) Address Pleasant Hil, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill
18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.
19. (a) July 3-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18
year 1948 hour ... minute ... M.
21. I hereby certify that I attended the deceased from MCH 12 1948 to JUNE 18 1948
that I last saw her alive on JUNE 18 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTROPHIC CIRRHOSIS OF LIVER	
Due to ARTERIAL HYPERTENSION	
Due to SENILITY	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

124B

PHYSICIAN
Underline the cause of 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 0
23. Signature Fred S. Long (M. D. or other)
Address Harrisonville Mo Date signed 6-20-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1949

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 By me, Registered Apprentice No. ....., working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 2785

P. O. Address Pleasant Hill

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.