

REC'D MAR 13 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

6539

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township..... Primary Registration District No. 2001 Registered No. 137
 (c) City SPRINGFIELD (d) Street No. 987 S. Robberson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Lula May
 (a) Residence, No. 987 S. Robberson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Morrisville
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Benjamin Utley
 14. BIRTHPLACE (CITY OR TOWN) Polk County
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Betty Jane Ruyle
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Claude Herndon
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Park DATE Feb 16 1939

19. FUNERAL DIRECTOR (NAME) H.H. Jhmeyer
 (ADDRESS) Springfield, Mo.

20. FILED Feb 15 1939 Chas. A. George
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21 1939 to Feb 14 1939
 I last saw her alive on Feb 13 1939. Death is said to have occurred on the date stated above, at 4:30 am.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
(Acute Dilatatory Heart)
121
 Other contributory causes of importance:
Chronic nephritis
Chronic Bronchitis

Name of operation none Date of.....
 What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?.....
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Walter S. Sewell M. D.
 (Address) Springfield Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.