

RECD AUG 7 1939

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

24672 ✓
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Franklin Primary Registration District No. 1002
(c) City Franklin Mo (d) Street No. 1605 Trace 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.

Registered No. 2885

2. PRINT FULL NAME

(a) Residence, No. 1605 Trace St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

(Frank Mays)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE Years about 70 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City - Tenn

13. NAME Frank Mays

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Amanda Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Marie Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Waldwin DATE July 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Waldwin

20. FILED July 17, 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from July 5, 1939 to July 14, 1939
I last saw him alive on July 14, 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Prod Poison

Other contributory causes of importance: Paralysis involving intestines & bladder

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) John Paul M. D.
(Address) Waldwin, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

820

FILED

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 2229

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

Signed Lubin Ark. Franklin

Licensed Embalmer No. 2229

P. O. Address 1217 York St

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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
MEMPHIS, TENNESSEE

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

24672
Do not use this space.

Registered No. 2885

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kansas City Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1605 Tracey 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 Frank Mays
 (a) Residence, No. 1605 Tracey 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 70

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/17, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him alive on, 19... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Blood Poison (NMO)
8/10
 Other contributory causes of importance:
Paroplegia (Spinal) involving intestines and bladder

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 John B. Paulk, M. D.
 (Signed) Walheim (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Every item of information should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be in plain ink.

