

AUG 16 1940
Registration District No. _____

Primary Registration District No. 1

Registrar's No. 173

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Dr. Lewis Arthur May, MD

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adelaide 6. (c) Age of husband or wife if alive 24 years 1873

7. Birth date of deceased Nov. (Month) 24 (Day) 1873 (Year)

8. AGE: Years 66 Months 7 Days 24 If less than one day hr. _____ min. 1

9. Birthplace Williamsport, Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Doctor

11. Industry or business _____

MOTHER FATHER { 12. Name Unte 13. Birthplace _____ (City, town, or county) (State or foreign country) 14. Maiden name _____ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Lewis May

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo.

19. (a) July 25/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 609 N. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 18 year 1940 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 8 1940, to July 18 1940 that I last saw him alive on July 18 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to arteriosclerotic changes in the circulatory system

Due to _____

Other conditions (Include pregnancy within 3 months of death) g.i.t.

Major findings: Of operations _____

Of autopsy _____

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? _____

3 While at work? _____ (Specify type of place) (e) Means of injury _____ 3

23. Signature W. H. Freeman (Mr. Dr. or other) MD
Address Kirksville, Mo. Date signed 7/25/40

RECEIVED

District Health Officer No. 10

District File Number 8-40-1645

Date Filed AUG 15 1940

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 Steve Riley

Licensed Embalmer No. 3908

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.