No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24941

State File No.

Registration District No. 208 Primary Registration District No. 5288 Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alvin Ora MAY

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 24 (Day) 1940 (Year)

8. AGE: Years | Months | Days 13 | If less than one day hr. min.

9. Birthplace Clinton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant. 0

11. Industry or business 0

FATHER
12. Name Ora May
13. Birthplace Clinton County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lella Bell Kelley
15. Birthplace Clay County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ora May
(b) Address Clinton County Mo.

17. (a) Mesa Cme (Burial, cremation, or removal) (b) Date thereof July 7 40 (Month) (Day) (Year)
(c) Place: burial or cremation Shady Lawn Cem Clinton Co.

18. (a) Signature of funeral director O'Brien-Lyon
(b) Address Plattsburg Mo.

19. (a) July 8 1940 (Date received local registrar) (b) Mrs. Lela Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7 year 1940 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from 6-24-1940 7-7 1940, 19__; that I last saw him alive on 6-24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. F. Rupe (M. D. or other) 1

Address Smithville Mo. Date signed 7-7-1940

R-2.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number 840-1074
Date Filed AUG 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 Darell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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, above space should be left blank.