FILED AUG 5 1940

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

25430
Do not use this space.

1. PLACE OF DEATH

(a) County: Jasper — Registration District No.: 411

(b) Township: — Primary Registration District No.: 2002 — Registered No.:

(c) City: Joplin — (d) Street No.: St John's Hospital 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 250 Charles Robert Mays

(a) Residence, No. R.F.D. #2 Galena, Kas. St. — Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14 - 1931

7. AGE: Years 8 — Months 9 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

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.: School
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 COUNTY): R.F.D. Barton Springs Kas

FATHER
13. NAME: Bert Mays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede Co. Missouri

MOTHER
15. MAIDEN NAME: Anna Cott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT: Bert Mays
(ADDRESS): Galena Kans.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Galena, Kas DATE: July 14 1940

19. FUNERAL DIRECTOR (NAME): Bolce Undertaking Co
(ADDRESS): Galena Kansas

20. FILED 7-16 1940 Ed D Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1940 to July 12, 1940
that I last saw him alive on July 12, 1940. Death is said to have occurred on the date stated above, at 8 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns over entire body -	

Other contributory causes of importance: none

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 7-12 1940
Where did injury occur? Galena Kansas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury 2nd + 3rd degree burns
Nature of injury Burned -

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) [illegible], M. D.
(Address) 617 Frisco - Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14023

40-8-815

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.