

MOJ JAN 13 1941

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

42058  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cape Girardeau Registration District No. 124  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3009 Registered No. 428  
 (c) City Cape Girardeau (d) Street No. \_\_\_\_\_ 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 MAY, S Howard Dudley  
 (a) Residence, No. \_\_\_\_\_ 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25-1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>14</u>	<u>2</u>	<u>27</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Morley, Mo (STATE OR COUNTRY) Mo

FATHER  
 13. NAME Howle May  
 14. BIRTHPLACE (CITY OR TOWN) Morley (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Virginia Lee Hally  
 16. BIRTHPLACE (CITY OR TOWN) Morley (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Howle May father

18. BURIAL, CREMATION, OR REMOVAL PLACE Morley Mo DATE 12-24-40

19. FUNERAL DIRECTOR (NAME) J. S. Heisserer & Co (ADDRESS) Morley Mo

20. FILED 12-22, 1940 Jan Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h \_\_\_\_\_ 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:  
J. N. Burton, Sheriff, Cape Girardeau county, certify that, Howard Dudley May came to his death from a .22 calibre rifle bullet fired into his head accidentally by James Fulcher

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
1932

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? Accident Date of injury 12/22, 1940  
 Where did injury occur? Near Morley, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Outdoors near public place  
 Manner of injury gun shot wound  
 Nature of injury head

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. N. Burton Sheriff of Cape Girardeau County, Mo. (Address) Jackson, 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.

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**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.**