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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12280

Registration District No. 843

Primary Registration District No. 84 6106

Registrar's No.

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

1. PLACE OF DEATH

(a) County Stone

(b) City or town Stone mo 87-3

(c) Name of hospital or institution: 1. Mass. Hosp
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Malena, mo. 87-30
(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.? 0 years.

3. (a) PRINT FULL NAME Albert May

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1941 hour 5:30 minute am

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex m 5. Color or race wh

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

6. (b) Name of husband or wife Andy May

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

7. Birth date of deceased February 11 1874
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Fell in doorway at home
Due to while entering house.
Death instantaneous.

8. AGE: Years 67 Months _____ Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Barnes Co. near Cassville, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Wiles May

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Wiley

15. Birthplace Kentucky K
(City, town, or county) (State or foreign country)

16. (a) Informant Fred May
(b) Address Malena, mo

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galumb. & sand

18. (a) Signature of funeral director J. F. King
(b) Address Malena, mo

19. (a) 3/9/41 (b) Nellie Bromley
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) gzk

Major findings: Of operations none

Of autopsy none

PHYSICIAN'S SIGNATURE _____

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? 765

(Specify type of place) _____

(b) Means of injury _____

23. Signature Everett J. Cheatham 3
(M. D. or other) _____

Address Malena, mo Date signed 3/8/41

RECEIVED

District Health Officer No. 8,

District File Number 441-590

Date Filed APR 9 1941

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 Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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, fact should be so stated above.