FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14821

Registration District No. 404 Primary Registration District No. 5558 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson Wash Twp
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8306 Park Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1240 White Avenue 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ------- years.

3. (a) PRINT FULL NAME Mr. Howard W. May
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Lovie May
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May (Month) 17 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
69	10	18	hr. min.

9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Retired Mechanic
11. Industry or business Butler Manufacturing Co.
FATHER
12. Name Unknown May
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant A Bruce May
(b) Address 8306 Park K Cmo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.
18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 5-8-41 (Date received local registrar) (b) R.V. Lindsey & Sons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1941 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from Mar. 3, 1941, to Apr. 4, 1941; that I last saw him alive on Apr. 3, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-Cardio Vascular Disease	
Due to Chronic Nephritis Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Leon Jones (M. D. or other) 0
Address 80 E. Pasco Date signed 4/4/41

(Licensed Embalmer's Statement on Reverse Side)

Date 2-5

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.