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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27735

Registration District No. 29

Primary Registration District No. 5039

Registrar's No. 90

1. PLACE OF DEATH: Barry

(a) County Barry

(b) City or town Mineral Springs, Mo.

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years

In this community 9 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 5

(a) State Missouri (b) County Barry 0

(c) City or town Mineral Springs 0

(d) Street No. Cassville Star Route

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Meritt Young May

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15

year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 29

1940, after 23

that I last saw him alive on Apr. 23, 1941

and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 9 1864

(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis ?

Duration ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 0 Days 6

If less than one day hr. min.

9. Birthplace Purdy, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business Retired

12. Name Silas May

13. Birthplace Unknown, Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Martha Ferguson

15. Birthplace Unknown, Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace May

(b) Address Cassville, Mo. Star Route

17. (a) Burial (b) Date thereof 5-17-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spanish Cemetery

18. (a) Signature of funeral director Broon Funeral Home

(b) Address Cassville, Mo.

19. (a) May 22, 1941 (b) Geo. W. Neuman, M.D.

(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature E. B. Daniel (M. D.)

Address Cassville, Mo. Date signed 5/20/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 941-1509

Date Filed SEP 15 1941

JUL 16 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

*Rufus J. Miller*

Licensed Embalmer No.

*3794*

P. O. Address

*Cassville, 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.