

FILED MAY 29 1974

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1401 E. 72nd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years
(Specify whether years, months or days)

In this community 13 years
(Specify whether 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.") 8

(d) Street No. 3229 Anderson
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Martha Ann May

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William H. May

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 13 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 2 6 hr. min.

9. Birthplace Durham County England
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Robert McLeod

{ 13. Birthplace England
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Robinson

{ 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant William H. May

(b) Address 3229 Anderson

17. (a) Removal (b) Date thereof 5-22-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5-20-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1942 hour 10 minute 15A.M.

21. I hereby certify that I attended the deceased from May 16
1942 to May 19 1942
that I last saw her alive on May 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 3da
Duration

Due to gta

Due to _____

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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 _____

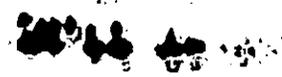
(c) Where did injury occur? _____
(City or town) (County) (State)

(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 M. M. Crowe (M. D. or other) MD
Address 404 1/2 W 75 Date signed 5/19/42



ADL. TALK
HOLY 2
MAY 11 7 18 AM
MAY 11 5 30

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. W. Chiles*
Licensed Embalmer No. *3473*
P. O. Address..... *R. C. 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.