

S. No. 2
M-5-42
7. 5-17-39
I X322873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23498

FILED AUG 17 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2951

48
3
8

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:
2500 Hardesty /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 Yrs. _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 Hardesty (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thekla May
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug 3 day 1942
year _____ hour 3 minute P. M.
21. I hereby certify that I attended the deceased from June 1, 1942 to Aug 3, 1942
that I last saw her alive on Aug 3, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic suppurative 10 years
Duration 93 D

4. Sex Fe. / 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife John May 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 23 1864 (Month) (Day) (Year)

Other conditions: Pericarditis 5 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

8. AGE: Years Months Days If less than one day
77 10 10 _____ hr. _____ min.

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) _____ (e) Means of injury _____

9. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)
10. Usual occupation Home

11. Industry or business _____
12. Name Unknown Yaggi
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Ernest May
(b) Address 2500 Hardesty
17. (a) Burial (b) Date thereof Aug. 5-42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K. C. Mo.

19. (a) 8-5-42 (b) M. M. Crow (Date received local registrar) (Registrar's signature)

23. Signature M. M. Crow (M. D. or other)
Address 715 Apple St. J. Mo. Date signed 8/11/42

M. B. Vanhookt Orangevale

Oct. 31 24

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 Chas. Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Summer

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.