

Registration District No. 282Primary Registration District No. 5971

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town Balmar - rural - S.W. Morgan
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether _____)
 In this community 50 years
 years, months or days

3. (a) PRINT

FULL NAME Lewis S May

3. (b) If veteran, _____

name war _____

Social Security _____

No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Rosa S May 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased April 7 1865
 (Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Cuba Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
 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 Rosa S May(b) Address Balmar Mo17. (a) Burial (b) Date thereof Sept 2 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Shoak Cemetery18. (a) Signature of funeral director Hutchison & Co.(b) Address Balmar Mo19. (a) 9-11-1942 Alice Palmer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
 (c) City or town Balmar - rural - S.W. Morgan
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6 miles south of Balmar
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes; name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
 year 1942 hour 2 minute 5 A.M.

21. I hereby certify that I attended the deceased from July 27
1942 to Sept 1 1942

that I last saw him alive on Aug 26, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.

Carcinoma Stomach 3-4 mo

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

Duration

3-4 mo

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)
 Means of injury _____

23. Signature Boyle Miller (M. D. or other) _____Address Balmar Mo Date signed _____

SEP 28 1942

RECEIVED

District Health Officer No. 7

District File Number 9-42-1017

Date Filed 9-25-42

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 Oby Jester
Licensed Embalmer No. 4154
P. O. Address Bolivar 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.