

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37735

State File No. _____

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Bragg city (Rural)
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. Bragg city (Rural)
(If rural, give location)

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

3. (a) PRINT FULL NAME Tommy Lee May

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1942 hour 12 minute _____ P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept 11, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 12, 1942 to Sept 12, 1942 that I last saw him alive on Sept 12, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. _____ min.

Immediate cause of death broncho pneumonia

Due to premature 8 mos.

Due to _____

9. Birthplace: Bragg city Mo.
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: 159

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Virgil Thomas May

13. Birthplace Bragg city R#1 Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Janta

15. Birthplace Burham Kansas
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Virgil Thomas May

(b) Address Bragg City Mo. R#1

17. (a) Burial (b) Date thereof 9-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burham Cemetery

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 _____

18. (a) Signature of funeral director Leta Service

(b) Address Kennett Mo.

19. (a) 10/2/42 (b) Mrs. J. R. Carey
(Date received local registrar) (Registrar's signature)

23. Signature Asst. liney (M. D. or other) MD

Address Wright Mo. Date signed 9/12/42

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

28
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28

12-42-31

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.....

Licensed Embalmer No.....

P. O. Address.....

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.