S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1447

Registration District No. 11

Primary Registration District No. 5039

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution Butterfield township (If not in 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) 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 5

(c) City or town Exeter 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Laura May

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Dsn

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

7. Birth date of deceased Oct (Month) 14 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
72	72	2	8	hr. min.

9. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Pal Robinson
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Robert May

(b) Address Purdy-Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director W. H. Roon

(b) Address Cassville, Mo

19. (a) Jan 9-1943 (Date received local registrar) (b) Grace Williams (Registrar's signature)

1077

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 1 minute 15-A M.

21. I hereby certify that I attended the deceased from Dec 20, 1942, to Dec 20, 1942 that I last saw her alive on Dec 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — of Brain

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury 2

23. Signature W. R. McClure (M.D. or other) DO

Address Cassville Date signed 12/22/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-73
Date Filed JAN 20 1943

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 Wm C. Koon, Registered Apprentice No. 338, working under my personal supervision.

Signed John E. Snyers

Licensed Embalmer No. 3220

P. O. Address Carrville, 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.