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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN. 15 1943

Registration District No. 28

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 2264

Registrar's No. 826 A

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution St. John's Hospital O (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) 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84 0

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

(d) Street No. ~~Highway 12~~ Rural (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Maude Nadine 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 married

6. (b) Name of husband or wife Clint C. May

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 1 (Day) 1897 (Year)

8. AGE: Years 45 Months 5 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ben Calloway
13. Birthplace Polk Co. (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Ella Ethridge
15. Birthplace Polk Co. (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Clint C. May

(b) Address Bolivar Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Gilead

18. (a) Signature of funeral director ~~[illegible]~~ Hutcheson & Co

(b) Address Bolivar Mo

19. (a) 1-11-43 (Date received local registrar) (b) D. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1942 hour 3 minute 30 p. M.

21. I hereby certify that I attended the deceased from November 12, 1942, to November 16, 1942; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus — Duration 1½ yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 48 h

Major findings:
Of operations

Of autopsy

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

23. Signature Leon Hagwoorn (M. D. ~~or other~~)

Address Springfield, Mo Date signed 1-2-43

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(Licensed Embalmer's Statement on Reverse Side)

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 J. Ester

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.