

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hooper 18857
State File No.

FILED JUN 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 158

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

1. PLACE OF DEATH, Pettis
(a) County
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1220 South Massachusetts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 South Massachusetts
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joshua Bell May
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 8
year 1944 hour 6:45 minute A. S. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Mary Clark May
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased. April 17, 1859
(Month) (Day) (Year)
8. AGE: Years 85 Months 0 Days 21 If less than one day hr. ** min.

21. I hereby certify that I attended the deceased from Apr 26 1944 to May 8 1944
that I last saw him alive on May 7 1944
and that death occurred on the date and hour stated above.
Immediate cause of death
Gangrene of R. leg.
Due to Endarteritis obliterans
Duration 12 days

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Retired lumberman
11. Industry or business ***
12. Name John May
13. Birthplace Danville, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Sharp
15. Birthplace Danville, Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Walter May
(b) Address Chicago, Illinois
17. (a) Burial (b) Date thereof 5/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Ewing Funeral Home
(b) Address Sedalia, Missouri
19. (a) 5-8-44 (b) Mrs Emma Berger
(Date received local registrar) (Registrar's signature)

Due to
Other conditions
(Include pregnancy within 3 months of death)
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 J. T. Boger (M. D. of Public Health)
Address Sedalia Mo Date signed 5/28/44

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed

6-7-44

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

Duane Ewing

Licensed Embalmer No.

3846

P. O. Address

Bedalia Md

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.