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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27152

Registration District No. 18 Primary Registration District No. 5086 Registrar's No.

1. PLACE OF DEATH:
(a) County BATES
(b) City or town Amsterdam R+D
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 9 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO- (b) County BATES 7
(c) City or town AMSTERDAM- R+D
(If outside city or town limits, write "RURAL")
(d) Street No. HOMER TWP-
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MILDRED MAY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W 1
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Leonard May
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar- 1- 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 9 If less than one day hr. min.

9. Birthplace FULTON CO ILL- 1 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Reason Wright
13. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Phobe Wright
15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ira Creveling
(b) Address Amsterdam Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Canton Illinois
18. (a) Signature of funeral director J. G. Underwood
(b) Address Butler Mo-
19. (a) 7-11-44 (Date received local registrar) (b) Mrs Viola L Sills (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 8 hour 30 minute A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemolytic Jaundice	10 Days
Due to Carcinoma	14 Months
Due to of The Liver + Gall Bladder	
Other conditions Carcinoma of Descending Colon + Rectum (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 46d

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. H. Schuster M.D. or other D.O.
Address Amoret, Missouri Date signed 7-11-44

(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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.