

No. 2
1-5-43
5-17-39
I X36671

State File No. _____

FILED FEB 4 1946
Registration District No. 177

Primary Registration District No. 5426

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Gray Summit "Rural" Boles Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether)

In this community 45 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin **36**

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

(d) Street No. R. #2
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Minerva Eva May.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female **5. Color or** race White

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

6. (b) Name of husband or wife John E. May

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 11th, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>0</u>	hr. min.

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

10. Usual occupation House-work.

11. Industry or business X

12. Name David Voorhis.

13. Birthplace Unknown, Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Breckenridge.

15. Birthplace Union, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John E. May

(b) Address Gray Summit, Mo. R. #2.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan. 14, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Gray Summit, Mo.

18. (a) Signature of funeral director Wiegand & Pitt, Inc.

(b) Address Washington, Mo.

19. (a) Jan. 13 '46 (Date received local registrar) **(b) Mary B. Cross** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th,
year 1946 hour 8:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 21,
1946 to Jan 11, 1946

that I last saw h. lp. alive on Jan 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio-sclerosis

Due to _____

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

Major findings:

Of operations 830

Of autopsy _____

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 _____

23. Signature L. J. Munch (M. D. or other) M. D.

Address Washington Mo. **Date signed** 1/12/46

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

580

94

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-2-46

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.....

Lester A. Pitt
.....
Licensed Embalmer No. 3254

P. O. Address Washington, 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.