S. No. 2
M—2-43
5-17-39
35697

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

33133

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34307

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Home 303 E. 4th, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 303 E. 4th, St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Hiram May

3. (b) If veteran, name war X

3. (c) Social Security No. 495-14-1457

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Carrie Lula May

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 8 (Day) 1876 (Year)

8. AGE: Years 70 Months 3 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Merchant

11. Industry or business .....

FATHER
12. Name C. W. May
13. Birthplace Obion, Co., (City, town, or county) Tenn. (State or foreign country) 1

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

16. (a) Informant Clifford May
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 11-1-46 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1946 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from OCT 27 1946, to OCT 28, 1946 that I last saw him alive on 10-28 — 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to uremia	
Due to Paralysis of muscles of throat Previous cerebral	
Other conditions hemorrhage, presumably (Include pregnancy within 3 months of death) Pt. seen after being taken	
Major findings Of operations Care of by other Drs.	
Of autopsy 43A	

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 0

23. Signature O. W. Cook (M. D. or other) M. D.

Address Caruthersville, Mo. Date signed 10-31-46

(Licensed Embalmer's Statement on Reverse Side)

10-46-221

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 Jack H. Higgins, Registered Apprentice No. 407, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrithersville, 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.