

No. 2  
12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20461  
Registrar's No. 60

Registration District No. 28 Primary Registration District No. 4161

1. PLACE OF DEATH:  
(a) County Daviness  
(b) City or town Jameson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
---  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community About 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Daviness 31  
(c) City or town Jameson  
(If outside city or town limits, write "RURAL")  
(d) Street No. --- (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Samuel Mays  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 26  
year 1947 hour 6 minute 05 A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife June Etta Mays 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased December 10 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1  
1946 to May 25, 1947  
that I last saw him alive on May 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
arteriosclerosis  
arteriosclerosis  
Duration \_\_\_\_\_

8. AGE: Years 72 Months 5 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

12. Name James E. Mays

Of autopsy \_\_\_\_\_  
13/A

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. William S. Mays

(b) Address Jameson, Missouri

17. (a) Burial (b) Date thereof 5-28-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) 6-4-47 (b) Virginia M. Engelbert  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature New Bailey or other \_\_\_\_\_

Address Gallatin, Mo. Date signed 6-1-47

(Licensed Embalmer's Statement on Reverse Side)

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

Not a W. M. Mays

1/26/47

1/26/47

JUL 1 1947

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *L. C. Dickerson*

Licensed Embalmer No. *3307*

P. O. Address *Callaway, 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.