No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 1220

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 270

**1. PLACE OF DEATH:**

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community most of her life
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. Lucerne Hotel 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Emma Tolle May

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife L. A. May

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

7. Birth date of deceased July (Month) 4 (Day) 1858 (Year)

8. AGE: Years 89 Months 6 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation at home.

11. Industry or business x

FATHER
12. Name Isaac Powell
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jemima Davis
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant F. H. Powell.
(b) Address Cochranton, Pennsylvania

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pueblo, Colorado

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 18
year 1948 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 16 - 1948 to Jan 18 - 1948
that I last saw her alive on Jan 18 - 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | |
| Broken left hip | 3 days |
| Due to General Senility | |
| Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 186a 18 | |
| Of autopsy None | |

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1-16-48 123
(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury fall 2

23. Signature A. M. Adkins M. D. or other D.O.
Address 428 Lee Bldg Date Jan 20-1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

A. M. Lee Beile
Dr. Adkin 1 P. M.

## 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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. C. 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.**