No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29007

FILED SEP 21 1948

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 303

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Near Malden Mo 8 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35 3
(c) City or town Malden (If outside city or town limits, write "RURAL") 1
(d) Street No. ✓ (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME John Henry May
3. (b) If veteran, name war No
3. (c) Social Security No. 430-18-9147
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 24 (Day) 1917 (Year)

8. AGE: Years 31 Months 5 Days 13 If less than one day ✓ hr. ✓ min.

9. Birthplace Stone County (City, town, or county) Ark (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ✓
FATHER
12. Name Ben May
13. Birthplace Stone County (City, town, or county) Ark (State or foreign country)
MOTHER
14. Maiden name Argella Harper
15. Birthplace Stone County (City, town, or county) Ark (State or foreign country)
16. (a) Informant Ben May
(b) Address Malden Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Malden
18. (a) Signature of funeral director Thomas C Knight
(b) Address Parma + Malden Mo
19. (a) 9-15-48 (Date received local registrar) (b) R H Minnelee (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th
year 1948 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 5th, 1948, to Sept 7th, 1948
that I last saw him alive on Sept. 7th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation — Duration
Due to Cardiac failure
Due to Cerebral hemorrhage
Basal fracture due to Car wreck
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 170 C-8

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 35
(b) Date of occurrence Sept. 5th, 1948
(c) Where did injury occur? Dunklin Co (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Car wreck Public Place (Specify type of place)
While at work? No (e) Means of injury ✓

23. Signature A. L. Markel M.D. (M. D. or other)
Address Poplar Bluff, Mo. Date signed 9/14/48

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

Coll. Will other [illegible]

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

MAR 1 1949

RECEIVED
District Health Office No. 2,
District File Number 48-1124
Date Filed 9-20-48

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 Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address Mallen 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.