FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35698

Primary Registration District No. 1000

Registrar's No. 1218

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0 (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days) In this community: 54 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph, Mo. 1 (If outside city or town limits, write "RURAL")
(d) Street No.: 420 Lake Blvd. 7 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ferdinand May
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Sarah Christina
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 14 (Day) 1864 (Year)

8. AGE: Years 84 Months 10 Days 0 If less than one day: hr. min.

9. Birthplace: Neely (City, town, or county) Nebraska (State or foreign country) 1
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknwom (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: C.F. May
(b) Address: 420 Lake Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/16/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Hermen W. Lindenladen
(b) Address: 1802 Union, St. Joseph, Mo.
19. (a) 11-16-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature) 3.2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 14 year 1948 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from 11/13/48 to 11/14/48 and that I last saw him alive on 11/13/48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 hrs.
Due to: Chronic myocarditis	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93	
Of autopsy:	

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):
(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? 0 (Specify type of place)
While at work? (e) Means of injury:
23. Signature: W. Zachariah M.D. or other
Address: St. Joseph, Mo. Date signed: 11/15/48

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

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 R. Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.