

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12030

State File No. ....

468

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (in this place) <u>48 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>501 Hamburg Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 Hamburg Ave.</u>		d. STREET ADDRESS <u>501 Hamburg Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u>	b. (Middle) <u>Albright</u>	c. (Last) <u>May</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 18, 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Albright</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schmierle</u>	14. NAME OF HUSBAND OR WIFE <u>Charles J.L. May</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles J. L. May</u>	ADDRESS <u>St. Joseph, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Woman has been confined to her bed at her home since Dec 1949, and she has been in poor health for 2 years.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>since Dec 1949, and she has been in poor health for 2 years.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I ~~examined~~ <sup>viewed</sup> the deceased ~~on~~ <sup>on</sup> 4/17, 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Mundy, M.D. (Coroner) St. Joseph, Mo.</u>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>4/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORIAL <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>April 18, 1950</u>	REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>	ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

No. 300

10-46

**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\*\*\*\*\*

.....\*\*\*\*\*..... Student Embalmer No. ....\*\*\*\*\*

working under my personal supervision.

Student .....\*\*\*\*\*  
Student Embalmer

Signed Clifford P. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

**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.