

FILED MAY 17 1945

Registration District No. 5345

Primary Registration District No. 3023

Registrar's No. 77

1. PLACE OF DEATH

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
In this community 4 DAYS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Ladue
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENORA MAY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLES W. MAY 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased SEPT. 15 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

MOTHER FATHER
12. Name THOMAS E. SHUEY
13. Birthplace IND. (City, town, or county) (State or foreign country)
14. Maiden name BETHIE SHUEY
15. Birthplace IND. (City, town, or county) (State or foreign country)

16. (a) Informant Clide May
(b) Address Montrose Int. A#1
17. (a) Burial (b) Date thereof 4-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ENGLEWOOD CEM.

18. (a) Signature of funeral director H. A. Vansant
(b) Address Clinton
19. April 3rd 1945 (Date received local registrar) (b) Myrtle Brumley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1945 hour _____ minute 2:20 M.

21. I hereby certify that I attended the deceased from March 28 1945 to April 2 1945
that I last saw him alive on April 2 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 6 da
Due to influenza & Bronchitis 6 Mo
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 23/4 Of autopsy _____
Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury _____
23. Signature H. A. Walker (M. D. or other) MD
Address Clinton Mo Date signed 4-3-45

1391

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

RE. No. 7,
District 4-45-453
Rec. Filed 5-15-45

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 W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.