

No. 2
2-43
5,17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9184

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 49

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 10 Days
(Specify whether years, months or days)

In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42

(c) City or town LADUE 0
(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 CHARLES W. MAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife LENORA MAY

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

7. Birth date of deceased JULY 3 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name WILLIAM MAY 9

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde May

(b) Address Madison mo. Mo.

17. (a) Burial (b) Date thereof 3-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

18. (a) Signature of funeral director W. A. ...

(b) Address Clinton

19. (a) 3-2-46 (b) R. R. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1st year 1946 hour 12 NOON M.

21. I hereby certify that I attended the deceased from Feb. 17, 1946 to March 1, 1946 that I last saw him alive on March 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Heart

Due to

Due to

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy 3 bone

Duration 9 days

PHYSICIAN

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) no

(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) (2) Means of injury 0

23. Signature S. J. ... (M. D. or other) MD

Address Clinton Mo. Date signed 3/2/46

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

RECEIVED

Office No. 7

346-322

Date filed 4-9-46

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, ~~and~~

Registered Apprentice No.

working under my personal supervision.

Signed *N. A. Garsant*

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.