

V. S. No. 2
 1-10-39
 Rev. 5-17-39
 1-21492

29755

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 8 1942

Primary Registration District No. 3006-5120

Registrar's No. 191

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town _____
 (c) Name of hospital or institution _____
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME ALBERT MAY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race Negro
 6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 8 / 1 / 1913
 (Month) (Day) (Year)

8. AGE: Years 29 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Callaway Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business _____
 12. Name Do not know
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Ettie Day
 15. Birthplace Portland Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant G. Manspin
 (b) Address Callaway Mo

17. (a) Burial (b) Date thereof 9 3 '42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Portland Mo

18. (a) Signature of funeral director R. J. Trema
 (b) Address Columbia Mo

19. (a) 9-3-1942 (b) Edna H. Barber
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Callaway
 (c) City or town Callaway
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 1st
 year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Skull Severed & crushed

Due to Car Accident - jumping off of Quarry Road & May Rd falling under
 Due to trailer wheels

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

Major findings: 1700-81
 Of operations 26
 Of autopsy non-collision

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 9/1-42
 (c) Where did injury occur? on Highway 40-6.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? yes (Specify type of plant) (e) Means of injury _____

23. Signature Thom W. Adams (If - Please enter)
 Address Columbia Mo Date signed 9/3/42

Duration _____
 Underline the cause to which death should be charged statistically.

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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 me

....., Registered Apprentice No. ~~2837~~

working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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, above space should be left blank.