

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39825  
Do not use this space.

1. PLACE OF DEATH

(a) County Miss Registration District No. 667  
(b) Township East Prairie Primary Registration District No. 4334  
(c) City East Prairie (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HERSCHEL MAJORS  
(a) Residence, No. East Prairie, Mo St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Lera Majors  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3-1908  
7. AGE YEARS 29 MONTHS 7 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Lawyer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co, Tenn.  
13. NAME Crestin Majors  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co, Tenn.  
15. MAIDEN NAME Clara Hornell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co, Tenn.  
17. INFORMANT (ADDRESS) Herbert Majors  
Bethelma Aik  
18. BURIAL, CREMATION, OR REMOVAL PLACE no way DATE Nov 20 1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank H. Shelby  
East Prairie  
20. FILED Nov 19 1938 Mrs. M. Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 - 1938  
22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938, to Nov 19, 1938  
I last saw him alive on Nov 19, 1938. Death is said to have occurred on the date stated above, at 54 m.  
The principal cause of death and related causes of importance were as follows:  
Small pox  
Other contributory causes of importance:  
Bronchial Pneumonia  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) George W. Whitaker M. D.  
East Prairie Mo (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**