

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39948

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution: 2419 Perkins
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence Major

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (b) Name of husband or wife Waite Major 6. (a) Single, widowed, married, divorced Married

7. Birth date of deceased April 18, 1880
 (Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Fair Play Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Chilton

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

14. Maiden name Marion Barker STAEETER

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

16. (a) Informant's own signature Walter Harris

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 11-22-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 11-21-39 (b) Ed D. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2419 Perkins
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
 year 1939 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 20, 1939
1939, to Nov 20, 1939;

that I last saw her alive on Nov 20, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of sigmoid
To my knowledge

Due to From History

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

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 _____

28. Signature J. M. Gray (M. D. or other) _____

Address Joplin Mo Date signed 11-24-39

Duration

40 days

6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically

39948

(Licensed Embalmer's Statement on Reverse Side)

F

Gray

RECEIVED

District Health Officer No. 6,

District File Number 12039-2502

Date Filed DEC 7 1939

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Golden

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.