

REC'D MAR 15 1940

1983

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrisonville Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community yes Harrisonville MO (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(c) City or town Rural, Freeman Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 2 miles West Harrisonville
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME John Ivory Majors Jr
(b) If veteran name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th
year 1940 hour 10 minut 09 M.

21. I hereby certify that I attended the deceased from 2-1- 1940 to 2 12 1940
that I last saw him alive on 2 12 1940
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Delores Majors 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Oct 4 - 1887
(Month) (Day) (Year)

Immediate cause of death Coronary embolism

8. AGE: Years 5-8 Months 4 Days 9 If less than one day hr. _____ min. _____

Due to Embolic infarction in middle lobe of R lung
Due to 10 phlebitis of left leg

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Physician 9412
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name William Majors 1
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Burgella Beck 1
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informants Annie E. Gudderth

(b) Address Freeman, Mo

17. (a) Freeman Mo (b) Date thereof Feb 14 1940
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) 2-14-40 (b) J. Freeman (Date received local registrar) (Registrar's signature)

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 David Stone (M. D. or other) 1
Address Harrisonville Mo Date signed 2/12-40

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 *Ernest Reimannburger*

Licensed Embalmer No. 3368

P. O. Address Harrisonville 97

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.