

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41089

Jan 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 770

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
115 N. Jackson,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
In this community 30 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Pearl O. Major,

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George H. Major,

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: February 2 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>20</u>	hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER {

12. Name William Overshinn,

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

14. Maiden name McFarland,

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

16. (a) Informant George H. Major,

(b) Address 115 N. Jackson, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 12-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12/22/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 048

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 115 N. Jackson,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd
year 1941 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 3 - 1941
to Dec 22, 1941 to 1941
that I last saw her alive on Dec 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
about 35 minutes.

Due to Coronary occlusion
with pulmonary
Due to edema.

Other conditions (Include pregnancy within 3 months of death)

940

PHYSICIAN

Major findings:
Of operations

Of autopsy

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)

(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 1)

23. Signature Elizabeth P. Mauldin, M.D.
Address 722 Grand St. Bldg. Date signed Dec 22-41

Beiga with
Drs. Marshall,
Shirley Beck
2 P.M.

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.....

[Handwritten Signature]
.....
Licensed Embalmer No. *1415*
P. O. Address *17, P. 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, fact should be so stated above.