34479

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County: Pemiscot

(b) City or town: Rural, Little Prairie (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 999 13 0

(a) State: Kentucky (b) County: Marshall

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME: Harice Earl Major

3. (b) If veteran, name war

3. (c) Social Security No. 002-10-2223

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: Katie Major

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: June 11, 1898 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	3	15	hr. min.

9. Birthplace: Hopkinsville, (City, town, or county) Ky. / (State or foreign country)

10. Usual occupation: Employee of Lea Lines

11. Industry or business

FATHER

12. Name: John Killen Major

13. Birthplace: Hopkinsville, (City, town, or county) Ky. / (State or foreign country)

MOTHER

14. Maiden name: Minnie Floyd Sinley

15. Birthplace: Hopkinsville, (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant: Katie Major

(b) Address: Benton, Ky.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Benton, Ky.

18. (a) Signature of funeral director: LaForge Und. Co.

(b) Address: Caruthersville, Mo.

19. (a) 10-16-1942 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1942 hour 7 minute 30P 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.

	Duration
Immediate cause of death: Drowning-- Accidental	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 078

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: H. L. Duncan, M.D. Acting Coroner (M.D. or other)

Address: Caruthersville, Mo. Date signed: 10-16-42

(Licensed Embalmer's Statement on Reverse Side)

1206

11-42-10

NOV 20 1942

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.....

NOT EMBALMED, Registered Apprentice No.....

working under my personal supervision.

NOV 17 1942

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34479

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 73

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harvie Earl Major

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 11 (Day) 1897 (Year)

8. AGE: Years 44 Months 3 Days 25 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 26 day
year 1942 hour minute 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 Drowning
accidental

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
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) Accident

(b) Date of occurrence Sept. 26, 1942

(c) Where did injury occur? Cirille (City or town) Pemiscot (County) Mo. (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Mississippi River
(Specify type of place)
While at work? yes (e) Means of injury Drowning

23. Signature Walter Duncan (M. D. or other) Coroner
Address Caruthersville, Mo. Date signed Dec. 7, 1942

SUPPLEMENTARY

1942
S-34479