

**1. PLACE OF DEATH:**

(a) County Barnes  
(b) City or town Monett  
(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 6 years, months or days (Specify whether)  
In this community 6 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County Barry  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.O. 6 - West Maple  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country —

**3. (a) PRINT FULL NAME** Benjamin F. Major

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

4. Sex M 5. Color or race W 6. (a) 2 ~~Single, widowed, married~~ divorced ~~widowed~~  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased Dec. 2 - 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>5</u>	hr. min.

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

10. Usual occupation Shoe cobbler

11. Industry or business Own

MOTHER FATHER  
12. Name George Major Sr.  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name —  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant George E. Major

(b) Address Julesa Okla.

17. (a) Burial (b) Date thereof Jan.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Overcast

18. (a) Signature of funeral director H. H. Blance

(b) Address Monett

19. (a) Jan 8 1944 (b) Audna Willoughby  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 7  
year 1944 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1 44  
1944 to Jan 7 44  
that I last saw him alive on Jan 7 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Due to following influenza  
Due to

Duration
<u>2 days</u>
<u>7 days</u>

Other conditions 330  
(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:**

(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)  
(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature Frank R. ...  
Address Monett Mo. Date signed 1/14/44

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

RECEIVED

District Health Officer No. 0,

District File Number 244-166

Date Filed FEB 11 1944

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

L. H. Blauenship

Licensed Embalmer No. 2297

P. O. Address Monett, 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.