S. No. 2
M—9-4-41
r. 5-17-39
PI X29484

33
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1944

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7048

Primary Registration District No. 5385

Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Dent

(b) City or town: Meramec Twp
(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: X (Specify whether years, months or days)

In this community: aMost of his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dent

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

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

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

If yes, name country: X

33
0
0

3. (a) PRINT FULL NAME: James A. Major

3. (b) If veteran, name war: X

3. (c) Social Security No.:

4. Sex: male

5. Color or race: W

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

6. (b) Name of husband or wife: Lola Mounce

6. (c) Age of husband or wife if alive: 29 years

7. Birth date of deceased: Dec (Month) 9 (Day) 1879 (Year)

8. AGE: Years 64 Months 9 Days 23 If less than one day: hr. min.

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

10. Usual occupation: farmer

11. Industry or business: X

MOTHER FATHER

12. Name: J. Melton Major

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

14. Maiden name: Anna Harrison

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

16. (a) Informant: John M Major

(b) Address: Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-18/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Cem

18. (a) Signature of funeral director: [illegible]

(b) Address: Salem Mo

19. (a) 2-18-44 (Date received local registrar) (b) Jas O. McCrodey (Registrar's signature)

1177

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1944 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from Feb 14, 1944, to _____, 19__, that I last saw him alive on Feb 14, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Malignancy — Duration: Unknown
Type unknown
Plaques in prostate
Due to: Retention of U. bladder & probably spine causing
Due to: paralysis of both lower extremities, bladder & bowels

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:

(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)

(e) While at work? (f) Means of injury:

23. Signature: [illegible] (M. D. or other) MD

Address: Salem, Mo Date signed 2/16/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 344168
Date Filed 3-6-44

DEC 21 1951

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.....

Licensed Embalmer No. 12370

P. O. Address Salem 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.