

FILED JUL 24 1944

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No.

2936

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community 22 1/2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson City 48
(If outside city or town limits, write "RURAL") 3
(d) Street No. 4010 Gladys 0
(If rural, give location)
(e) Citizen of foreign country? (Year or No)
If yes, name country: 0

3. (a) PRINT FULL NAME

Majors, Infant

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, year

7. Birth date of deceased: March 24, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 4 hr. min.

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

10. Usual occupation: Infant

11. Industry or business

MOTHER FATHER
12. Name: Frank Barnham Majors
13. Birthplace: Pine City Mo.
(City, town, or county) (State or foreign country)
14. Maiden name: Anna Majors Baker
15. Birthplace: K.C. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Majors
(b) Address: 4010 Gladys

17. (a) Burial (b) Date thereof: 7-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Seeds

18. (a) Signature of funeral director: W.M. Schmeyer
(b) Address: K.C. Mo.

19. (a) 7-15-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from
Deputy Coroner
that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema
Due to: Intra auricular defect
(Congenital)

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 1578

Of autopsy: See above

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)
(c) Means of injury
23. Signature: A.E. Wesper (M.D. or Ph.D.)
Address: 2811 E. 4th Date signed: 7/19/44

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

1976

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.....

P. O. Address.....

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.