

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

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town East Prairie, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community 15 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
 (c) City or town East Prairie Mo 67
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME Alma Doris Majors
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
 year 1944 hour 6.30 minute 9 M.

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Robert Raymond Majors
 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased Mo. 26, 1917
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
July 24, 1944 to Oct 7, 1944
 that I last saw her alive on Oct 6, 1944
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>27</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death
Pulmonary Tuberculosis

9. Birthplace New Madrid Co. Mo
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death)

11. INDUSTRY OR BUSINESS

12. Name William Rex
 13. Birthplace Unknown Mo. 1875
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown Mo. 1873
 15. Birthplace Unknown Mo. 1873
 (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond Majors
 (b) Address East Prairie, Mo.
 17. (a) Normal (b) Date thereof 10-8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Springfield, Mo.

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)
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director James Kelly
 (b) Address East Prairie, Mo.
 19. (a) 11-17-44 (b) Fannie E. Bingham
 (Date received local registrar) (Registrar's signature)

23. Signature W. Whitaker (M. D. or other)
 Address East Prairie, Mo. Date signed 10/21/44

1271

RECEIVED

District Health Office No. 2

District File Number 1144-155

Date Filed 11-17-44

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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.