S. No. 2
M—5-43
v. 5-17-39
I X36671

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6854

Registration District No. 274 Primary Registration District No. 305 Registrar's No. 65

1. PLACE OF DEATH:

(a) County PETTIS

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

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

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 15 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

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

(d) Street No. 209 E. 7th ST.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE A. MAJOR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 9

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) — 31 (Day) — 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	10	26	hr. min.

9. Birthplace PETTIS Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business DENTISTRY

FATHER
12. Name THOMAS T. MAJOR
13. Birthplace ? (City, town, or county) KENTUCKY 1 (State or foreign country)

MOTHER
14. Maiden name MATTIE MALINDA BUCKNER
15. Birthplace ? (City, town, or county) KANSAS 1 (State or foreign country)

16. (a) Informant OSCAR MAJORS

(b) Address R.F.D. HOUSTONIA, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA, Mo.

19. (a) 2-28-45 (Date received local registrar) (b) Mrs Anne Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 27TH year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 25-45, 19, to Feb 27, 1945 that I last saw her alive on Feb 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions Impacted Colon
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 94a

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)

(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 J. E. Mitchell (M. D. or other) Owner

Address Sedalia Date signed Feb 27/45

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-8-45

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. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo

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

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