

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED SEP 4 1945

Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **62**

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

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Butler Memorial Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 days
(Specify whether years, months or days)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates **7**
 (c) City or town Butler **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. 305 West Ohio **1**
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Claude James Major
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Myrtle K. Major
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased August 25, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>15</u>	hr. _____ min.

9. Birthplace Windsor Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant

11. Industry or business Hardware Business

MOTHER {
 12. Name Hezekiah Major
 13. Birthplace: no record **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Duncan
 15. Birthplace no record **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pete McCook
 (b) Address Butler, Missouri

17. (a) Burial Oakhill (b) Date thereof Aug 12-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill
Quiver Underwood

18. (a) Signature of funeral director Funeral Service
 (b) Address Butler, Missouri

19. (a) Aug 12, 1945 (b) Pauline Crompton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
 year 1945 hour 3:30 minute P. M.
 21. I hereby certify that I attended the deceased from March 15 1948 to Aug 10 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Jaundice of left Breast
 Duration _____

Due to _____
 Due to _____
 Other conditions 50
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 50
 Of operations _____
 Of autopsy _____
 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?

23. Signature Jois A. Lusk Jr (M. D. or other)
 Address Butler, Mo Date signed Aug 10-45
(Specify type of place) (a) Means of injury

1306

RECEIVED

District Health Officer No. 7!

District File Number 8-45-917

Date Filed 7-8-45

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. ~~2174~~
working under my personal supervision.

Signed W. G. Buller

Licensed Embalmer No. 2174

P. O. Address Butte, 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.