

S. No. 2
M-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. **27243**
Registrar's No. **3497**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **Memorial Hospital**
(d) Length of stay: In hospital or institution **4 days**
In this community **4 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Cass**
(c) City or town **Freeman - (Rural)**
(d) Street No. **0**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **FRED MAJORS**
3. (b) If veteran, name war **no** **3. (c) Social Security No.** **none**
4. Sex **Male** **5. Color** **White** **6. (a) Single, widowed, married, divorced** **married**
6. (b) Name of husband or wife **Lilly Bell Majors** **6. (c) Age of husband or wife if alive** **69**
7. Birth date of deceased **October 28, 1877**

8. AGE:	Years	Months	Days	If less than one day
	68	9	15	hr. min.

9. Birthplace **Missouri**
10. Usual occupation **farmer**

11. Industry or business
12. Name **George P. Majors**
13. Birthplace **Missouri**
14. Maiden name **Jennie A.**
15. Birthplace **Missouri**

16. (a) Informant **Hazel Majors**
(b) Address **Freeman, Mo.**

17. (a) Burial **Freeman Mo.** **(b) Date thereof** **8-15-46**
(c) Place: burial or cremation

18. (a) Signature of funeral director **RONNENBURGER'S**
(b) Address **HARRISONVILLE MO.**

19. (a) 8-13-46 **(b) Meraldine Holmes**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **18** year **1946** hour **7** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **Aug 10** 19**46** to **Aug 13** 19**46**
that I last saw him alive on **Aug 12** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bleed up gastric perforating ulcer**
Due to **Bleed up gastric perforating ulcer**
Duration **5 days**

Other conditions **117 a**
Major findings: **117 a**
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **0**
23. Signature **W. M. ...** **(M. D. or other)** **ms**
Address **1103 Grand** **Date signed**

8-13-46

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

20084

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 Ernest Remminger

Licensed Embalmer No. 3368

P. O. Address. Harrisonville 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.