. S. No. 2
-8-43
-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5934

Registration District No. 371 Primary Registration District No. 4456 Registrar's No. 1

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town appleton city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home East 3d st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County St. Clair 98
(c) City or town Appleton City 1
(If outside city or town limits, write "RURAL")
(d) Street No. East 3rd St. 0
(If rural, give location) 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjman Franklin Majors
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Estella Breeden
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 5 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 14 If less than one day hr. min.
9. Birthplace Tenn (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Absolem Majors
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Moore
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Mazoro
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Mo
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) Feb. 20 1948 (Date received local registrar) (b) Mrs Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1948 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from 28 June 1947 to 19 Feb 1948; that I last saw him alive on 19 Feb 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident — Duration 6 days
Due to Cerebral Arteriosclerosis Benign Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 83 A

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 0

23. Signature C D Monroe M.D. (M. D. or other)
Address Appleton City, Mo Date signed 20 Feb 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-132
Date Filed 2-25-48

JUN 25 1954

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~~ Feb 19 — 1948, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.