No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26469

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3256

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2444 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 711 E 8th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAJORS, Robert Lee

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tressie Fulton Majors

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 5/29/1889 (Month) (Day) (Year)

8. AGE: Years 59 | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Raines County Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster

11. Industry or business Self

FATHER
12. Name William Majors
13. Birthplace Raines County, Texas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ludella Grant
15. Birthplace Raines Co., Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Troy Majors
(b) Address 817 W 17th St., K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.

19. (a) 8-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10 year 1948 hour minute A.M. P.M.

21. I hereby certify that I attended the deceased from , 19 , to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Deputy Coroner 93 d	
Major findings: Of operations	
Of autopsy History & Inspection	

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 C. E. Sperner (M. D.) (M. D. or Coroner)

Address 2800 Main Date signed 8/12/48

(Licensed Embalmer's Statement on Reverse Side)

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 John P Shiel

Licensed Embalmer No. 3625

P. O. Address K 6 40

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.