S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1948

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37311

Registration District No. 200 | Primary Registration District No. 2041 | Registrar's No. 391

**1. PLACE OF DEATH:**

(a) County: Macon
(b) City or town: Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 Jefferson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: Macon
(c) City or town: Macon
(If outside city or town limits, write "RURAL")
(d) Street No.: 510 Jefferson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mattie Ellen Major
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Wm S. Major
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Jan (Month) 5 (Day) 1863 (Year)
8. AGE: Years 85 Months 9 Days 28 If less than one day ..... hr. ..... min.
9. Birthplace: Woodlawn (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....

FATHER
12. Name: John Pickett
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) unknown (State or foreign country)

16. (a) Informant: James Major
(b) Address: Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/26/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem. Macon, Mo.
18. (a) Signature of funeral director: Albert Skinner
(b) Address: Macon, Mo.
19. (a) Nov 6-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 23 year 1948 hour 11 minute ..... P.M.

21. I hereby certify that I attended the deceased from April 24, 1948 to Oct 22, 1948 that I last saw him alive on Oct 22, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Myocarditis | 1 week |
| Due to: Chronic Myocarditis | 6 months |
| Due to: Senile Debility | — |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: N
Of autopsy: N

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: R. D. Mason M.D. (M. D. or other)
Address: Macon, Mo. Date signed: 10/26/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 11-48-1964
Date Filed NOV 17 1948

## 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.....

Licensed Embalmer No. 751

P. O. Address. Macon 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.**