

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20346

2646

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2646</u>										
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>												
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>115 No Jackson</u>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. Convalescent Home</u>																
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE HOWARD</u> b. (Middle) _____ c. (Last) <u>MAJOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1950</u>													
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 18 1875</u>		9. AGE (In years last birthday) <u>75</u>	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td>Mins.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	Months	Days	Hours			Mins.
IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR														
Months	Days	Hours														
		Mins.														
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Hdwe Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bunting Hdwe</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Samuel T. Major</u>			13b. MOTHER'S MAIDEN NAME. <u>Martha E. Agee</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Maye</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496-24-3003</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Maye Major</u> ADDRESS <u>115N Jackson</u>													
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION												
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH												
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.																
ANTECEDENT CAUSES																
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis</u>												
				DUE TO (c) _____												
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.												
				<u>450°</u>												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION														
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)												
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?												
22. I hereby certify that I attended the deceased from <u>May 5, 1950</u> , to <u>June 12, 1950</u> that I last saw the deceased alive on <u>6-12-50</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.																
23a. SIGNATURE <u>F. P. Laurenzana</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>428 S. White</u>		23c. DATE SIGNED <u>6-13-50</u>										
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>											
DATE REC'D BY LOCAL REG. <u>6-14-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u> ADDRESS <u>Kansas City Mo.</u>												

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

C. M. Jordan

Signed

Student Embalmer

Licensed Embalmer No. 3453

P. O. Address 2825 IND. BLVD.

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.