

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23745

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE 0464	
c. LENGTH OF STAY (in this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 220 N. DELAWARE	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEP. SANITORIUM + HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) L c. (Last) MAJOR			4. DATE OF DEATH (Month) (Day) (Year) AUG. 1-1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Oct. 1-1884		9. AGE (In years last birthday) 65 yrs		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 4 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME MAKING	
11. BIRTHPLACE (State or foreign country) INDEPENDENCE MO		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME SETH W. FARROW	
13b. MOTHER'S MAIDEN NAME MARY ANN SCOTT.		14. NAME OF HUSBAND OR SPOUSE JOHN J. MAJOR		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or date of service)	
16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME JOHN J. MAJOR		ADDRESS 220 N. DELAWARE	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Varicella pneumonia July 1949		DUPLICATE OF (b) Arterial Hypertension		443X	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS General debility		DUPLICATE OF (c) Myocardial degeneration			
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION None		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (m.)		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 July 19 49 , to Aug 1 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at 4:43 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Independence Mo		23c. DATE SIGNED Aug 3 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 3-1950		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	
24d. LOCATION (City, town, or county) (State) INDEPENDENCE MO		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Indep. Mo.	

DATE REC'D BY LOCAL REG Aug. 2 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
ADDRESS		ADDRESS		ADDRESS	

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

484

AUG 4 RECD

DEC 9 1950

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
Student Embalmer

Student Embalmer No.
Signed *L. M. Stein*

Licensed Embalmer No. *3156*

P. O. Address *Independence*

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.