DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1945
Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2297

Primary Registration District No. 3023

Registrar's No. 9 038

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42
(a) State Missouri (b) County Henry 0
(c) City or town Calhoun
(If outside city or town limits, write "RURAL.") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augustus C Major.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 19 (Month) (Day) 1859 (Year)

8. AGE: Years 85 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Windsor (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business

MOTHER FATHER
12. Name Hezekiah Major.
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Elizbeth Duncan
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Earl Major.
(b) Address Calhoun Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Cemetery
18. (a) Signature of funeral director J C Yousey
(b) Address Calhoun Mo
19. (a) January 10 1945 (Date received by local registrar) (b) Georgia Kitchen (Registrar's signature)

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MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 9
year 1945 hour 8 minute a M.
21. I hereby certify that I attended the deceased from Nov 4, 1944, to Jan 9, 1945, that I last saw him alive on Jan 8, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	5 da
Due to: Uremia & Cardiac decompensation	2 Mo
Due to:	
Other conditions (Include pregnancy within 3 months of death): ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	
Major findings: Of operations	
Of autopsy	

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 H H Swafford (M. D. or other) M D
Address Clinton Mo Date signed 1-9-45

(Licensed Embalmer's Statement on Reverse Side)

1-15-80

2-8-45

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 Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed J A Hussey

Licensed Embalmer No. 3502

P. O. Address Calhoun Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
X36930

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 134 Primary Registration District No. 3023 Registrar's No. 9

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augustus C. Major
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 19 (Day) 1859 (Year)
8. AGE: Years 85 Months 2 Days [illegible] If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1945 hour minute 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 uremia	
Due to Chronic Nephritis	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 G. Walker (M. D. or other)
Address Clinton Mo Date signed 2-12-45

SUPPLEMENTARY

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