STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

67

State File No.
Registrar's No. 55

1. Place of Death: (a) County Coconino (b) City or Town Flagstaff rural (If outside city limits also write RURAL) (c) Location San Francisco Peak (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community ~~None~~ Passing through (Specify whether years, months or days); in Arizona Transient

2. Usual Residence of Deceased: (a) State California; (b) County Riverside; (c) City or Town Blythe (If outside city limits also write RURAL)

(d) Street No. 34th Bombardment Group, Army Air Base; (e) Citizen of foreign country (yes or No) If Yes, which country

3. (a) FULL NAME Ralph Eugene Majors, 2nd Lt. (b) If Veteran name war Active duty 1943 Social Security No. Unknown (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Betty Jane Majors
6. (c) Age of husband or wife, if alive ... yrs.
7. Birthdate of deceased: Aug. (Month) 21 (Day) 1919 (Year)
8. AGE: Years 23 Months 6 Days 14 If less than one day hrs. ... min.
9. Birthplace: Unknown (City, town or county) (State or Country)
10. Usual Occupation: Pilot
11. Industry or Business: U.S. Army
Father 12. Name: J. W. Majors
Father 13. Birthplace: Unknown (City, town or county) (State or Country)
Mother 14. Maiden Name: Alice Lena Albourn
Mother 15. Birthplace: Ellwood, Penn (City, town or county) (State or Country)
16. (a) Informant's own signature
(b) Address: Sta Hosp, AAFFGS, Kingman, Ariz.
17. (a) Burial, Cremation or Removal: Removal
(b) Place: Canton, Ohio (c) Date 3/9 1943
18. (a) Embalmer's Signature: [signature]
(b) Funeral Director: Van Carter Mortuary
(c) Address: Kingman, Arizona
19. (a) May 30, 1943 (Date received local Registrar)
(b) Gertrude Schmidt (Registrar's Signature)

20M 100% Rag 9-19-4

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 5, 1943;
TIME (Hour and minute) Between 1 and 2 A.M.

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

Immediate cause of death: Sudden accidental death due to amputation of half of cranium with evisceration of the brain; fractures of the right leg and right arm; severe burns of the body.

Due to

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: As above

DURATION

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): Accident
(b) Date of occurrence: March 5, 1943
(c) Where did injury occur? Flagstaff (City or Town) Coconino (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place; San Francisco Peak (Specify type of place)
While at work? Yes (e) Means of injury: Airplane accident

23. Signature: Edward Liston, Capt, MC M. D.
Address: Sta Hosp, AAFFGS, Kingman, Arizona Date signed Mar 6, 1943