

REC'D JUL 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22126

Do not use this space.

482

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 482
 or
 (c) City SPRINGFIELD (d) Street No. Springfield Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Infant of Mr. & Mrs. Clell Melton

(a) Residence, No. 834 W. Elm St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 19397. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stillborn
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Springfield Mo. 0
(STATE OR COUNTRY)13. NAME Clell Melton 014. BIRTHPLACE (CITY OR TOWN) Christian Co. Mo. 0
(STATE OR COUNTRY)15. MAIDEN NAME Mary Inmon16. BIRTHPLACE (CITY OR TOWN) Springfield, Mo.
(STATE OR COUNTRY)17. INFORMANT Clell Melton
(ADDRESS) 834 W. Elm18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta, Mo. DATE 6-13, 193919. FUNERAL DIRECTOR (NAME) Clell Melton (acting)
(ADDRESS) Springfield, Mo. 237020. FILED 6-13, 1939 Chas. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from dead, 1939, to 1939, 1939
 I last saw him 6-13, 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Still Born
Premature 6 mos
 Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1939
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify W. A. Stutz M. D.
 (Signed) W. A. Stutz
Spuy D. C. / me (Address)

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

39
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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.....

P. O. Address.....

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, above space should be left blank.

1