

REC'D JUL 17 1939

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

22964

Do not use this space.

1. PLACE OF DEATH

(a) County Phelps ³ Registration District No. 680
(b) Township Spring Creek ¹ Primary Registration District No. 5908
(c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ivan Arthur Melton

(a) Residence, No. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 4 14

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

12. BIRTHPLACE (CITY OR TOWN) Flat (STATE OR COUNTRY) mo13. NAME Scott Arthur Melton14. BIRTHPLACE (CITY OR TOWN) Phelps County (STATE OR COUNTRY) mo15. MAIDEN NAME Mildred Sarah Johnson16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)17. INFORMANT (ADDRESS) Scott Arthur Melton18. BURIAL, CREMATION, OR REMOVAL Flat, mo. PLACE Smith DATE June 27, 193919. FUNERAL DIRECTOR (NAME) Dr. Johnson (ADDRESS) Newbury mo20. FILED July 10, 1939 Alpha Capps Local Registrar. 612

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Accident By Gun
Shot in head
Date of onset

Other contributory causes of importance: 184

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? accident Date of injury 6-25, 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:.....

(Signed) Paul E. Lickliter Curran(Address) St James mo

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.