

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

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 7 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8406

8406

Registration District No. 859

Primary Registration District No. 6128

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Janey  
 (b) City or town Branson  
 (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 2  
 (Specify whether  
 In this community 8 years  
 years, months or days)

3. (a) PRINT FULL NAME Melzina Atecia Roberts

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 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. 18 - 1897  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Crawford Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm Jackson /

13. Birthplace Pa. /

14. Maiden name Elizabeth Bullock /

15. Birthplace Unknown /

16. (a) Informant's own signature Mrs. Nedra Thomas

(b) Address 6110 Buntville avz

17. (a) Burial (b) Date thereof Feb 18 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keyesville, Mo.

18. (a) Signature of funeral director Pa. Thomas

(b) Address Branson Mo.

19. (a) 2-19-1940 (b) John Baader  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Janey  
 (c) City or town Branson Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 8 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18<sup>th</sup>  
 year 1940 hour 12 minute 55 a M.

21. I hereby certify that I attended the deceased from Feb 6, 1940 to Feb 18, 1940  
 that I last saw her alive on Feb 18, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 12 days  
 Due to Exposure

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Wm B Mitchell M.D. (M. D. or other)

Address BRANSON, Mo. Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 340-629

Date Filed MAR 5 1940

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 [Signature]

Licensed Embalmer No. 2641

P. O. Address Branson Mo

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.